

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P03000111667

1. Entity Name
EZRA SWEENEY PAINT COMPANY



Principal Place of Business
5350 TICONDEROGA STREET
MILTON, FL 32570

Mailing Address
5350 TICONDEROGA STREET
MILTON, FL 32570



03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2408142

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEENEY, BARBARA JANE
5350 TICONDEROGA STREET
MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SWEENEY, EZRA JUNIOR
STREET ADDRESS	5350 TICONDEROGA STREET
CITY-ST-ZIP	MILTON, FL 32570
TITLE	V
NAME	SMITH, KRISTOPHER D
STREET ADDRESS	5350 TICONDEROGA STREET
CITY-ST-ZIP	MILTON, FL 32570
TITLE	S
NAME	SWEENEY, BARBARA JANE
STREET ADDRESS	5350 TICONDEROGA STREET
CITY-ST-ZIP	MILTON, FL 32570
TITLE	T
NAME	SWEENEY, CECIL ELBERT
STREET ADDRESS	5350 TICONDEROGA STREET
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ezra Junior Sweeney* Ezra Junior Sweeney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

03-26-2008

Date

Daytime Phone #