

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90082 030 \*\*\*150.00

DOCUMENT # P03000112339

1. Entity Name

ORLANDO PAINTING SERVICE, INC.



Principal Place of Business  
3220 FORMOSA AVE  
ORLANDO FL 32804

Mailing Address  
PO BOX 1703  
WINTER PARK FL 32790



2. Principal Place of Business - No P.O. Box #

4734 A. South Kirkman Road

3. Mailing Address

Suite, Apt. #, etc.

(Same)

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Orlando, FL

City & State

4. FEI Number 20-0343304

Applied For  
Not Applicable

Zip

32811

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRAVENER, JASON A  
3220 FORMOSA AVE.  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CRAVENER, JASON A ☐ Delete  
STREET ADDRESS 3220 FORMOSA AVE  
CITY- ST- ZIP ORLANDO FL 32804

TITLE T  
NAME CRAVENER, JENNIFER ☐ Delete  
STREET ADDRESS 3220 FORMOSA AVE  
CITY- ST- ZIP ORLANDO FL 32804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Cravener Jennifer Cravener*

4/1/07

407-896-0839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #