

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120252

FILED
Aug 11, 2008
Secretary of State

Entity Name: MARY SARAH MCINTYRE FAUX PAINTING, INC

Current Principal Place of Business:

2195 PALM STREET
NAPLES, FL 34112

New Principal Place of Business:

6074 WESTBOURGH DRIVE
#24
NAPLES, FL 34112

Current Mailing Address:

2195 PALM STREET
NAPLES, FL 34112

New Mailing Address:

PO BOX 456
NAPLES, FL 34106

FEI Number: 75-3135318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTYRE, MARY S
2195 PALM STREET
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S, T () Delete
Name: MCINTYRE, MARY S
Address: 2195 PALM STREET
City-St-Zip: NAPLES, FL 34112

Title: VP (X) Delete
Name: NORRIS, MIRANDA B
Address: 2195 PALM STREET
City-St-Zip: NAPLES, FL 34112

Title: P (X) Delete
Name: NORRIS, TIMOTHY J
Address: 2195 PALM STREET
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P. (X) Change () Addition
Name: MCINTYRE, MARY S
Address: 2195 PALM STREET
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY S. MCINTYRE

PRES

08/11/2008

Electronic Signature of Signing Officer or Director

Date