

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90037 004 ***150.00

DOCUMENT # P03000124425

1. Entity Name
H.L. ROHN PAINTING, INC.



Principal Place of Business
13226 MOBY DICK DRIVE WEST
JACKSONVILLE, FL 32218

Mailing Address
13226 MOBY DICK DRIVE WEST
JACKSONVILLE, FL 32218

40057597



DO NOT WRITE IN THIS SPACE

03192008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-32604TT 90-0232604
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROHN, HARVEY L JR
13226 MOBY DICK DRIVE WEST
JACKSONVILLE, FL 32218

**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 NAME STREET ADDRESS CITY-ST-ZIP	D ROHN, HARVEY L JR 13226 MOBY DICK DRIVE WEST JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROHN, SHERYL L 13226 MOBY DICK DR W JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARDER, STEVEN JR 13226 MOBY DICK DRIVE WEST JACKSONVILLE, FL 32218
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/20/08

Date

Daytime Phone #

904-757-8196