2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000124599

1. Entity Name

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

RICHARD ALAN PAINTING AND WALLPAPER CORPORATION



FILED
Jan 08, 2007 08:00 AM
Secretary of State

Principal Place of Business

3501 S ATLANTIC AVE UNIT 403 DAYTONA BCH SHORES, FL 32118 Mailing Address

P.O.BOX 265723 DAYTONA BCH, FL 32126



01032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0565355

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HYDE, RICHARD A 3501 S ATLANTIC AVE UNIT 403 DAYTONA BCH SHORES, FL 32118

DO NOT WRITE IN THIS SPACE

		`			11110 017102
	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	ed office or	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	i Agent signatur	a required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS GUY-ST-ZIP	PST HYDE, RICHARD ALAN 3501 S. ATLANTIC AVE, UNIT 403 DAYTONA BEACH, FL 32118				U00000577209 01/08/07-80007-011 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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 cere 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 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

1-4-07

TE