## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED	
DOCUMENT # P03000124693  1. Entity Name ROUNTREE PAINTING, INC.					Mar 12, 2007 08:00 AN Secretary of State	
Principal Plac 7223 VALIA ORLANDO		Mailing Address 7223 VALIANT CT ORLANDO FL 32818				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Addross				
Suite. Apt #, etc.		Suito, Apt. #, etc.			1st MOORE CR2E034 (10/06)	
City & State		City & State			4. FEI Number 52-2413960 Applied For Not Applicable	
Zip Country		Zip Cou		lry	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
722	JNTREE, DONALD E 3 VALIANT CT LANDO FL 32818				(P.O. Box Number is Not Acceptable)	
				City	FL Zip Codo	
	named entity submits this statement fi ions of registered agent	or the purpose of changing its	registere	d office or registi	cred agent, or both, in the State of Florida I am familiar with, and accept	
SIGNATURE .	Significe, typed or natured hame of registered ager	I and title in applicable (NOT	E: Hegistered	o Agent signature requir	ed when remstahrig) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of	0			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
THEC NAME STREEF ADDRESS CHY-SI-ZIP	ROUNTREE, DONALD E 7223 VALIANT CT			į.	□ Change □ Addition UD0000663027 83/21/07-80037-011 150.UB	
FITEE NAME: STREET ADDRESS CITY-ST-ZIP	S ROUNTREE, DONALD E 7223 VALIANT CT ORLANDO FL 32818	☐ Delete		i	☐ Change ☐ Addition	
HITC NAME SORELLADDRESS CITY-ST-ZIP	and the a second		t .	☐ Change ☐ Addition		
DITE NAME STREET ADDRESS CITY-ST-ZIP		Defeto			☐ Change ☐ Addilion	
NAMI. SIRET ADDRESS CITY-SI-ZIP	NAA SIR			I LADINESS SI-7IP	☐ Change ☐ Addition	
NAME SIREFFADDRESS CHY-ST-7IP		☐ Delete	HILL NAME STOLE CITY-	LEADDRESS SI-7IP	Change Addition	

I nortory certify that the information supplied with this lilling does not qualify for the oxomptions 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 logal offect as if made under eath; that I am an efficer 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