


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000124854**  
 1. Entity Name  
**FREDDY'S PAINTING, INC.**



Principal Place of Business      Mailing Address  
**1448 BIRWOOD ST**                      **1448 BIRWOOD ST**  
**DELTONA, FL 32725 US**              **DELTONA, FL 32725 US**

**DO NOT WRITE IN THIS SPACE**



01182007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>41-2099595</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**JUAREZ, FREDDY**  
**1448 BIRWOOD ST**  
**DELTONA, FL 32725**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when restating)      DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

U00000668506  
 03/27/07-80035-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JUAREZ, FREDDY
STREET ADDRESS	1448 BIRWOOD ST
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** \_\_\_\_\_      **3-12-07**      Date  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #