

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90014 007 \*\*\*150.00

**DOCUMENT # P03000125925**

1. Entity Name  
KB WOODBURY PAINTING, INC.



Principal Place of Business  
317 NORTH MARS AVENUE  
CLEARWATER, FL 33765

Mailing Address  
PO BOX 4507  
CLEARWATER, FL 33758

60043134



**DO NOT WRITE IN THIS SPACE**

01142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
42-1611296 ✓

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

BILZING, KEVIN  
317 NORTH MARS AVENUE  
CLEARWATER, FL 33765

**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]*

4-30-2008

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  
BILZING, KEVIN  
PO BOX 4507  
CLEARWATER, FL 337584507

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #