

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

02-11-2008 90045 022 ***150.00

DOCUMENT # P03000126402
1. Entity Name
JOHN DEVLIN PAINTING, INC.



Principal Place of Business
1010 MCCORMICK DR.
DELTONA, FL 32725

Mailing Address
1010 MCCORMICK DR.
DELTONA, FL 32725

66006579



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0477131

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DEVLIN, JOHN
1010 MCCORMICK DR.
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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	O DEVLIN, JOHN 1010 MCCORMICK DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEVLIN, JOHN 1010 MCCORMICK DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVLIN, JOHN 1010 MCCORMICK DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEVLIN, JOHN 1010 MCCORMICK DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEVLIN, JOHN 1010 MCCORMICK DRIVE DELTONA, FL 32725
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: John Devlin JOHN DEVLIN 1/31/08 386-54-6442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #