## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

SIGNATURE:

## Apr 01, 2008 8:00 am Secretary of State DOCUMENT # P03000126907 04-01-2008 90011 028 \*\*\*150.00 BRAZELL PAINTING, INC. Mailing Address Principal Place of Business POST OFFICE BOX 611 1927 SOUTH 14TH STREET FERNANDINA BEACH, FL 32035 PMB #125 FERNANDINA BEACH, FL 32034 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01252008 Chg-P Applied For 4. FEI Number City & State City & State Not Applicable 01-0802022 Zin Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name (John Braze1 RAUER, LANNY M Street Address (P.O. Box Number is Not Acceptable) **501 CENTRE STREET SUITE 101** PMB #125 927 S 1444 St FERNANDINA BEACH, FL 32034 changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept B. The above named entity submits this statement for the purpose the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signatu \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition D TITLE Delete TITLE BRAZELL, JOHN NAME NAME STREET ADDRESS STREET ADDRESS POST OFFICE BOX 611 CITY-ST-ZIP FERNANDINA BEACH, FL. 32034 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ De!ete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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

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SIGNATURE:

## **ATTACHMENT**

	ANNUAL						
1. Entity Name	MENT # P030001269 . PAINTING, INC.	907					
Principal Place of Business 1927 SOUTH 14TH STREET PMB #125 FERNANDINA BEACH, FL 32034		Mailing Address POST OFFICE BOX 611 FERNANDINA BEACH, FL 32035		1 15Nê	746	<i>?</i>	
	O NOT WRITE	CE	01252008 No Chg-P CR2E034 (11/05)  Applied For				
				4. FEI Number 01-0802022			plicable
	6. Name and Address of Current Re	rolstered Acent		5. Certificate of State	us Desired	Fee Required	iai
SUITE 101	ANNY M RE STREET	gratered Agent	land to		T WRI S SPAC	# ·	
the obligat	named entity submits this statement for to ions of registered agent.  Safature, yped or printed name of registered agent and the statement of	John H- Buzz Strife & applicable. (NOTE: Register 9. Election Campaign Fina	Agent signature required noting \$5.	ident 3	B State of Florida. 1	am familiar with, and	accept
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BRAZELL, JOHN POST OFFICE BOX 611 FERNANDINA BEACH, FL 32034	RECTORS					3.3.1 3.3.1
NAME STREET ADDRESS CITY-ST-ZIP							*
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					# H 1		M.
12. I hereby indicated of the column changed	certify that the information supplied with the on this report or supplemental report is to reportation or the receiver or trustee empower, or on an attachment with an address, with the receiver or trustee empowers.	nis filing does not qualify for the extrue and accurate and that my significated to execute this report as required to the like empowered.	temptions contained ature shall have the aired by Chapter 60	d in Chapter 119, Floric same legal effect as if r 7, Florida Statutes; and	la Statutes. I furthe nade under oath; th that my name appe	r certify that the informat I am an officer or cars in Block 10 or Block	mation director xck 11 if