2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # P03000127958 FERNANDEZ PAINTING, INC. Principal Place of Business Mailing Address **105 LOYOLA LANE** 105 LOYOLA LANE PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 CR2E034 (11/05) 01232008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2117041 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FERNANDEZ, HAROLD W 105 LOYOLA LANE PANAMA CITY, FL 32405 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U00000919720 **\$5.00** May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 05/14/08-80015-008 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FERNANDEZ, HAROLD W NAME STREET ADDRESS 105 LOYOLA LANE CITY-ST-ZIP PANAMA CITY, FL 32405 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZiP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 be 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 profiber like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING EFFICER OR DIRECTOR