2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# P03000128564

Entity Name: GARY MOTE PROFESSIONAL PAINTING, INC.

Current Principal Place of Business:

5300 ARAGON AVENUE
DELEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 218
DE LEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 90-0195872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOTE, GARY R
5300 ARAGON AVENUE
DELEON SPRINGS, FL 32130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOTE, GARY
Address: P.O. BOX 218
City-St-Zip: DELEON SPRINGS, FL 32130

Title: V ( ) Delete
Name: MOTE, E
Address: 5300 ARAGON AVENUE
City-St-Zip: DELEON SPRINGS, FL 32130

Title: S ( ) Delete
Name: MOTE, E
Address: 5300 ARAGON AVENUE
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: T ( ) Delete
Name: MOTE, MATTHEW D
Address: 2341 BANNISTER STREET
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete
Name: MOTE, E
Address: 5300 ARAGON AVENUE
City-St-Zip: DE LEON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY MOTE P 03/31/2008

Electronic Signature of Signing Officer or Director Date