## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 19, 2007 08:00 AM DOCUMENT # P03000131017 **Secretary of State** CARLSON PAINTING, INC. Principal Place of Business Mailing Address 4356 MCDONALD GLAY ROAD 4356 MCDONALD GLAY ROAD APOPKA, FL 32712 APOPKA, FL 32712 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0381442 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARLSON, KEITH W DO NOT WRITE 4356 MCDONALD GLAY APOPKA, FL 32712 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CARLSON, KEITH W STREET ADDRESS 4356 MCDONALD GLAY ROAD CITY-ST-ZIP APOPKA, FL 32712 U00000592438 01/19/07-80064-003 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: buth W. Carlson

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP