2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000133497

1. Entity Name
CARAWAY PAINTING, INC.

Principal Place of Business	Mailing Address
50 LAKESHORE DR. PALM HARBOR, FL 34684	50 LAKESHORE DR. PALM HARBOR, FL 34684

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
67-1210767	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARAWAY, EDWARD L
50 LAKESHORE DR.
PALM HARBOR, FL 34684

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	PSTD
NAME	CARAWAY, EDWARD L
STREET ADDRESS	50 LAKESHORE DR.
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	VD
NAME	ANDERSON, RUSSELL L
STREET ADDRESS	1314 SUTHERLAND DR.
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/08-80095-012 150.00

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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: _____ EDWARD L. CARAWAY 3-26-08 727.432-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #