



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000134312</b>	
1. Entity Name <b>RAY DONILON PAINTING &amp; WALLPAPERING, INC.</b>	

Principal Place of Business <b>1115 OLD PARSONAGE DRIVE MERRITT ISLAND, FL 32952</b>	Mailing Address <b>1115 OLD PARSONAGE DRIVE MERRITT ISLAND, FL 32952</b>
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DO NOT WRITE IN THIS SPACE

	
04082007	No Chg-P CR2E034 (11/05)
4. FEI Number <b>27-0070060</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DONILON, RAY  
1115 OLD PARSONAGE DRIVE  
MERRITT ISLAND, FL 32952**

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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.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONILON, RAY 1115 OLD PARSONAGE DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONILON, JEANENE 1115 OLD PARSONAGE DRIVE MERRITT ISLAND, FL 32952
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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: Ray Donilon Ray Donilon 4/16/07 321-453-4092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #