

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000134317

1. Entity Name
BRUCE CHERBONNEAU PAINTING COMPANY, INC.



Principal Place of Business
1471 NE SR 121
WILLISTON, FL 32696

Mailing Address
1471 NE SR 121
WILLISTON, FL 32696

FILED
Jan 17, 2007 08:00 AM
Secretary of State



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0358820

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARON C. BRANNAN, CPA PA
161 N. MAIN ST.
WILLISTON, FL 32696

**DO NOT WRITE
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 _____

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CHERBONNEAU, BRUCE
STREET ADDRESS 1471 NE SR 121
CITY-ST-ZIP WILLISTON, FL 32696

TITLE D
NAME CHERBONNEAU, LORI
STREET ADDRESS 1471 NE SR 121
CITY-ST-ZIP WILLISTON, FL 32696

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000583690
01/18/07-80026-010 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07

Date

Daytime Phone #