## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 03, 2008 08:00 AN **DOCUMENT # P03000135153 Secretary of State** 1. Entity Name TIM GLASSCO PAINTING INC Principal Place of Business Mailing Address **4640 BENSEL STREET 4640 BENSEL STREET** WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 CR2E034 (11/05) 04012008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1076375 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GLASSCO, TIMOTHY L DO NOT WRITE 4640 BENSEL STREET WEST PALM BEACH, FL 33417 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000879766-----TITLE 04/15/08-80033-009 150.00 GLASSCO, TIMOTHY NAME 4640 BENSEL STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33417 TITLE NAME STREET ADDRESS CITY-ST-7/P IIILE 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-7IP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 his 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:

STREET ADDRESS CITY-ST-ZIP

TE THE THE OR PRINTED NAME OF STONING OF PAGE ON DIRECTOR

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**FILED**