## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000135902

1. Entity Name RODD'S PAINTING CORPORATION



FILED Sep 07, 2007 08:00 AN Secretary of State

Principal Place of Business

2511 TIPTON COURT DELTONA, FL 32738 Mailing Address

2511 TIPTON COURT DELTONA, FL 32738



## DO NOT WRITE IN THIS SPACE

05152007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBB, RODD A 2511 TIPTON COURT DELTONA, FL 32738

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and | (newer)   |   | oth, in the State of Florida I am familiar with "and accept duly 6.07 |
|--|---|---|---|---|
|  |   | 9. Election Campaign Financing Trust Fund Contribution. |   |   |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP      | OFFICERS AND DIF<br>PD<br>WEBB, RODD A<br>2511 TIPTON COURT<br>DELTONA, FL 32738  | ECTORS  |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | 3231 041 7 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3  |   | 09/07/07-80002-010 150.00  DO NOT WRITE IN THIS SPACE |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ,   |   |   |   |
| TITLE<br>NAME<br>STREET ACORESS<br>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 eath, 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 it 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

Inlu6-07

386-748-5669

Daytime Phone #