# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 20, 2008 8:00 am**
**Secretary of State**
05-29-2008 90197 019 ***150.00

DOCUMENT # P03000136266

1. Entity Name
TIMOTHY J CHAMBERLAIN PAINTING INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6735 NORTH TOLEDO BLADE BLVD<br>NORTH PORT, FL 34286 US | 6735 NORTH TOLEDO BLADE BLVD<br>NORTH PORT, FL 34286 US |

**DO NOT WRITE IN THIS SPACE**

04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0411842

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMBERLAIN, TIMOTHY
6735 NORTH TOLEDO BLADE BLVD
NORTH PORT, FL 34286

**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 _____ 4.15.08
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 | DP |
| NAME | CHAMBERLAIN, TIMOTHY J |
| STREET ADDRESS | 6735 NORTH TOLEDO BLADE BLVD |
| CITY-ST-ZIP | NORTH PORT, FL 34286 |
| TITLE | |
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| CITY-ST-ZIP | |

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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 empowerments.

(941)650 1559

**SIGNATURE:** _____ 06 16 08
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #