


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000137172</b> 1. Entity Name <b>MARSHALL PAINTING OF PENSACOLA, INC.</b>	
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Principal Place of Business <b>1509 JOHN CARROLL DR PENSACOLA, FL 32504 US</b>	Mailing Address <b>1509 JOHN CARROLL DR PENSACOLA, FL 32504 US</b>
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01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0410738</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>REAVES, MARSHALL J 1509 JOHN CARROLL DR PENSACOLA, FL 32504</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

U000000590318  
01/18/07-20051-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REAVES, MARSHALL J 1509 JOHN CARROLL DR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REAVES, CANDACE M 1509 JOHN CARROLL DR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEELE, GERALD A 8141 STONE BROOK PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODROW, STEELE B 33777 ZU ZU LANE LILLIAN, AL 36549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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

1/18/07 850-  
Date Daytime Phone #