2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000137359

Entity Name
 WELDON WHITEHEAD PAINTING, INC.

Mailing Address

124 MARRERO AVE SEBRING, FL 33875

Principal Place of Business

124 MARRERO AVE SEBRING, FL 33875

FILED Apr 30, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number 51-0488164		CR2E034 (11/05)		
			Applied For	
			Not Applicabl	

Davime Phone #

WHITEHEAD, WELDON 124 MARRERO AVE SEBRING, FL 33875

SIGNATURE: 💆

DO NOT WRITE IN THIS SPACE

			III THIS STASE		
8. The above the obligation	named entity submits this statement for the pons of registered agent.	urpose of changing its registere	d office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_				· · · · · · · · · · · · · · · · · · ·	
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signatui	re required when reinstating)	DATE
FILE NOWII! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.		cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITEHEAD, WELDON 124 MARRERO AVE SEBRING, FL 33875				
NAME STREET ADDRESS CITY - ST-ZIP	DVP PROCTOR, WOODROW L 124 MARRERO AVE SEBRING, FL 33875				000000746337 05/16/07-80067-002 150.0
TITLE NAME STREET ADDRESS CITY: ST-ZIP	DS MERRICK, JEFFREY A 124 MARRERO AVE SEBRING, FL 33875			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS 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 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.					