

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000139169

Entity Name: CASPER PAINTING, INC.

**FILED**  
**Jan 30, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3120 HOKE DR  
EDGEWATER, FL 32141

**New Principal Place of Business:**

**Current Mailing Address:**

3120 HOKE DR  
EDGEWATER, FL 32141

**New Mailing Address:**

FEI Number: 59-3398509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BARNES & JAMES, P.A.  
2629 BLAIR STONE RD  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CASPER, ALBERT  
Address: 3120 HOKE DR  
City-St-Zip: EDGEWATER, FL 32141

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CASPER, ALBERT H  
Address: 3120 HOKE DR  
City-St-Zip: EDGEWATER, FL 32141

Title: P ( ) Change (X) Addition  
Name: DERRICK, APRIL K  
Address: 301 S. PENNISULA RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT CASPER

HEAD

01/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date