

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140161

FILED
Mar 13, 2007
Secretary of State

Entity Name: POSTON PAINTING AND HOME REPAIR SERVICE, INC.

Current Principal Place of Business:

623 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

6686 BURNING TREE AVENUE
COCOA, FL 32926

Current Mailing Address:

623 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955

New Mailing Address:

6686 BURNING TREE AVENUE
COCOA, FL 32926

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSTON, GERALD M
623 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

POSTON, GERALD M
6686 BURNING TREE AVENUE
COCOA, FL 32926 US

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: GERALD M POSTON

03/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: POSTON, GERALD M
Address: 623 ROCKLEDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: POSTON, GERALD M
Address: 6686 BURNING TREE AVENUE
City-St-Zip: COCOA, FL 32926

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: GERALD M POSTON

PSTD

03/13/2007

Electronic Signature of Signing Officer or Director

Date