

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000140442

1. Entity Name
HIS-N-HERS PAINTING, INC.



Principal Place of Business
P.O. BOX 1111
INGLIS, FL 34449

Mailing Address
P.O. BOX 1111
INGLIS, FL 34449

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1631976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOOKS, PATRICIA L
18950 SE 72ND AVE.
INGLIS, FL 34449

**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 Patricia L. Hooks (No changes) P.L.A.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS.

TITLE	PD
NAME	HOOKS, PATRICIA L
STREET ADDRESS	P.O. BOX 1111
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	STD
NAME	HOOKS, PATRICIA L
STREET ADDRESS	P.O. BOX 1111
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

07/22/08-80007-024 550.00

U00000955835
07/22/08-80007-024 550.00

**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: Patricia L. Hooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-08 352-447-3011
Date Daytime Phone #