

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P03000141618

1. Entity Name
EHS PAINTING INC.



Principal Place of Business

6124 OLIVE AVE
SARASOTA, FL 34231

Mailing Address

6124 OLIVE AVE
SARASOTA, FL 34231



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

45-0529303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCBRIDE, MICHAEL
6124 OLIVE AVE
SARASOTA, FL 34231

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000909257
05/06/08-80063-017 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME MCBRIDE, MICHAEL
STREET ADDRESS 6124 OLIVE AVENUE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VT
NAME LUFT, TOM
STREET ADDRESS 3617 ASBURY PLACE
CITY-ST-ZIP SARASOTA, FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

Michael McBride

MICHAEL MCBRIDE

X 4/18/08

941-232-3459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #