


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000149484	
1. Entity Name TEACHERS ASSOCIATED PAINTING, INC.	

Principal Place of Business 7610 W HENRY AVE TAMPA, FL 33615	Mailing Address 7610 W HENRY AVE TAMPA, FL 33615
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DO NOT WRITE IN THIS SPACE

FILED
Aug 11, 2008 08:00 AM
Secretary of State



07292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0498882	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

USACCOUNTING OFFICE, INC.
4815 E BUSCH BLVD
SUITE 113
TAMPA, FL 33617

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DELEO, PAUL 7610 W HENRY AVE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELEO, PAUL JR 7610 W HENRY AVE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIRDLER, WILLIAM 7610 W HENRY AVE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000957580
08/11/08-80006-011 158.75

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: *Paul A. Deleo* 8/5/08 814-447-5241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAUL A. DELEO