2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/9/2008-90002-006-$150.00-$150.00

DOCUMENT # P03000152693

1. Entity Name

PRECISION PAINTING CORP BY DAVID PEEPLES

FILED
08 OCT 21 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
299 OLD HWY 17 LAKE COMO FL 32157	POST OFFICE BOX 662 LAKE COMO FL 32157

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
299 Old Hwy 17	P.O. Box 662
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Como Fl.	City & State: Lake Como, Fl.
Zip: 32157 Country: Putnam	Zip: 32157 Country: Putnam

1st MOORE CR2E034 (10/07)

4. FEI Number 35-2221880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEEPLES, DAVID A
299 OLD HWY 17
LAKE COMO FL 32157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 David A Peeples 08/25/08
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEEPLES, DAVID A P.O. BOX 662 LAKE COMO FL 32157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900013710943 9 10/21/08--01008--002 **400.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAURAMORE, JOHNNY J II 299 OLD HWY 17 LAKE COMO FL 32157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David A. Peeples 08/25/08 386-916-6682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #