2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000153240

1. Entity Name
MASLO PAINTING, INC.

Principal Place of Business	Mailing Address
2654 ASHLAND LINE NORTH PORT, FL 34286	2654 ASHLAND LINE NORTH PORT, FL 34286

DO NOT WRITE IN THIS SPACE

01082008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
37-1480925		Not Applicable

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

6. Name and Address of Current Registered Agent

MASLO, ILLARION
2654 ASHLAND LINE
NORTH PORT, FL 34286

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASLO, ILLARION
STREET ADDRESS	2654 ASHLAND LINE
CITY-ST-ZIP	NORTH PORT, FL 34286

TITLE	T
NAME	MASLO, MARIA
STREET ADDRESS	2654 ASLAND LINE
CITY-ST-ZIP	NORTH PORT, FL 34286

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: _Illarion Maslo_   1-25-08

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