



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000153680	
1. Entity Name WASHINGTON PAINTING INC.	

Principal Place of Business 3990 MAGELLAN TRAIL TALLAHASSEE, FL 32303	Mailing Address 3990 MAGELLAN TRAIL TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE

FILED
07 MAY -1 PM 2:12
TALLAHASSEE, FLORIDA



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3188147	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 WASHINGTON, MCKINLEY 3990 MAGELLAN TRAIL TALLAHASSEE, FL 32303	DO NOT WRITE IN THIS SPACE
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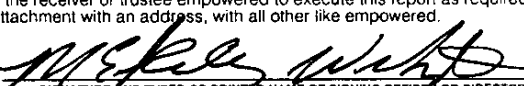
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, MCKINLEY 3990 MAGELLAN TRAIL TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  5-1-07 850 522-8589

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