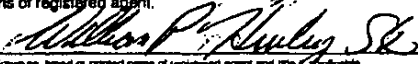
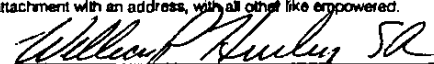


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 8:00 am
Secretary of State

04-24-2007 90016 001 ***150.00

DOCUMENT # P03000155061 1. Entity Name BILL HURLEY PAINTING, INC.														
Principal Place of Business 300 SEMINOLE ST CLERMONT, FL 34711		Mailing Address 300 SEMINOLE ST CLERMONT, FL 34711												
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent JERNIGAN, PATTI-JO 836 W MONTROSE ST, STE 1 CLERMONT, FL 34711		 04122007 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 61-1465547</td><td>Applied For ☐ Not Applicable</td></tr><tr><td>5. Certificate of Status Desired ☐</td><td>\$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 61-1465547	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required								
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required													
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 reappointing) DATE: _____														
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>D HURLEY, WILLIAM P 300 SEMINOLE ST CLERMONT, FL 34711</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HURLEY, WILLIAM P 300 SEMINOLE ST CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
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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 807, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone: _____														