

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000156070

1. Entity Name  
GREGG PROTZER PAINTING, INC.



Principal Place of Business  
3191 SW 14TH PL.  
BAY #6  
BOYNTON BEACH, FL 33436

Mailing Address  
4920 GLEN PINE LN  
BOYNTON BEACH, FL 33436

**FILED  
Apr 09, 2008 08:00 AM  
Secretary of State**



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 35-0464955	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PROTZER, MARLAND GREGG  
4920 GLEN PINE LN  
BOYNTON BEACH, FL 33436

**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 \$560.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

U000000886857  
04/18/08-80073-020-150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PROTZER, MARLAND GREGG  
STREET ADDRESS 4920 GLEN PINE LN  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE VP  
NAME CARMINE, WILLIAM  
STREET ADDRESS 2 UDELL LN  
CITY-ST-ZIP DELRAY BEACH, FL 33445

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-6-08

Date

X 5214964864  
Daytime Phone #