

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000156657**

1. Entity Name

HERNANDO'S PAINTING, INC.



Principal Place of Business

943 CHURCHILL LN  
SAINT AUGUSTINE FL 32092

Mailing Address

943 CHURCHILL LN  
SAINT AUGUSTINE FL 32092



1st MOORE

CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-0075539

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATINO, HERNANDO  
943 CHURCHILL LN  
SAINT AUGUSTINE FL 32092

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 a registered agent.

SIGNATURE

*Hernando Patino*

(NOTE: Registered Agent signature required when restate (g))

April 14, 2008

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 PD ☐ Delete  
NAME PATINO, HERNANDO  
STREET ADDRESS 943 CHURCHILL LN  
CITY-ST-ZIP SAINT AUGUSTINE FL 32092

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000904105  
CITY-ST-ZIP 04/30/08-80071-011 150.00

TITLE VST ☐ Delete  
NAME PATINO, HERNANDO  
STREET ADDRESS 943 CHURCHILL LN  
CITY-ST-ZIP SAINT AUGUSTINE FL 32092

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

*Hernando Patino*

Hernando Patino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2008. 904982-8205

(b)(3)

By: [Signature]