

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000157421

1. Entity Name
TRAVERS PAINTING SERVICES, INC.



Principal Place of Business
**4070 NE BREAKWATER DR
JENSEN BEACH, FL 34957**

Mailing Address
**4070 NE BREAKWATER DR
JENSEN BEACH, FL 34957**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2426987

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEANE, GREGORY G
1000 SE MONTEREY COMMONS BLVD
SUITE 202
STUART, FL 34996**

**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

Robert Travers

Signature, typed or printed name of registered agent and officer/sponsorable.

(NOTE: Registered Agent signature required when renewing)

4/7/08

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**

UN00000387439
04/21/08-80020-011 1501.00

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	TRAVERS, ROBERT F
STREET ADDRESS	4070 NE BREAKWATER DR
CITY-ST-ZIP	JENSEN BEACH, FL 34957
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**

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

Robert Travers

4/7/08

DATE

772-485-3997

Daytime Phone #