## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Secretary of State 01-25-2007 90050 017 \*\*\*150.00 **DOCUMENT # P04000000403** 1. Entity Name WIGGIN'S PAINTING, INC. Principal Place of Business Mailing Address 5944 HIGHWAY AVE 5944 HIGHWAY AVE JACKSONVILLE, FL 32254 JACKSONVILLE, FL 32254 CR2E034 (11/05) No Chg-P 01092007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0524034 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WIGGINS, GARY L DO NOT WRITE **5944 HIGHWAY AVE** JACKSONVILLE, FL 32254 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 e, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS WIGGINS, GARY L NAME 5944 HIGHWAY AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32254 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P HILE IN THIS SPACE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED Jan 25, 2007 8:00 am