

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003260

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: G. SHENO QUALITY PAINTING, INC.

**Current Principal Place of Business:**

2130 PARK ST  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16952  
JACKSONVILLE, FL 322456952

**New Mailing Address:**

2130 PARK ST  
JACKSONVILLE, FL 32204

FEI Number: 51-0494696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHENO, GEZIM  
2130 PARK ST  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: SHENO, GEZIM  
Address: 2130 PARK ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: SHENO, GEZIM  
Address: 2130 PARK ST  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEZIM SHENO

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04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date