2008 FOR PROFIT CORPORATION ANNUAL REPORT

OCUMENT # P04000003912

1. Entity Name

DAVID SCALES PAINTING & REPAIR, INC.



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4321 COLDSPRINGS DR PENSACOLA, FL 32514 4321 COLDSPRINGS DR PENSACOLA, FL 32514



DO NOT WRITE IN THIS SPACE

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0637417

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCALES, DAVID 4321 COLDSPRINGS DR PENSACOLA, FL 32514

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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 \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		U00000943201 05/23/08-80049-012 150.00		
10.	OFFICERS AND DIRECTORS		ė			. ;
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCALES, DAVID L 4321 COLDSPRINGS DR PENSACOLA, FL 32514					

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

HILL
NAME
SIREET ADDRESS
CITY-SI-ZIP
HITLE
NAME
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NAME
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Mul Baler DAVIII C

4-2908

850-206-0348

Daytime Phone #