## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an

SIGNATURE:

## FILED DOCUMENT # P04000006912 Mar 28, 2007 08:00 AM **Secretary of State** RICHARD CYR PAINTING AND PRESSURE CLEANING. Principal Place of Business Mailing Address 6958 S KIRK POINT LECANTO FL 34461 6958 S KIRK POINT LECANTO FL 34461 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suito. Apt #, otc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 20-0613813 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City Zio Codo 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD HILE ☐ Change ☐ Addition Delcie 1000CYR, RICHARD NAME NAMI 6958 S KIRK POINT STREET LADORESS STREET ADDRESS LECANTO FL 34461 CITY-S1-7IP CITY-SI-ZIP TITLE ☐ Delete ШЦ Change ■ Addition U00000681503 STREET ADDRESS STRUCT ADDRESS 04/04/07-80045-012 150.00 CHY-SI-ZIP CITY-ST-7IP ☐ Change THE ☐ Defeto THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-71P CHY-ST-7IP ☐ Delete IIILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP Delete ■ Addition NAMI: NAME STRUET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-74P TITLE me ☐ Change Addition ☐ Defete NAME NAME STREET ADDRESS SIDLET ADODESS CHY-ST-71P CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

TECHAME OF SIGNING OFFICER OR DIRECTOR

Dayuma Phone #