


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90250 033 ***150.00

DOCUMENT # P04000007913 1. Entity Name TECH PAINTING ENTERPRISES, INC.					
Principal Place of Business 2814 CYPRESS TRAILS POLK CITY, FL 33868			Mailing Address 2814 CYPRESS TRAILS POLK CITY, FL 33868		
2. Principal Place of Business No P.O. Box # 106 Smith St.		3. Mailing Address 106 Smith St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Auburndale, FL		City & State Auburndale, FL		4. FEI Number 20-0745649	
Zip 33823		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRISTMAS, JOHNNIE W 2814 CYPRESS TRAILS POLK CITY, FL 33868			7. Name and Address of New Registered Agent Name Christmas Johnnie W. Street Address (P.O. Box Number is Not Acceptable) 106 Smith St. City Auburndale FL Zip 33823		
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 <u><i>Johnnie W Christmas</i></u> (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D CHRISTMAS, JOHNNIE 2814 CYPRESS TRAILS POLK CITY, FL 33868		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Christmas Johnnie 106 Smith St Auburndale, FL 33823	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Johnnie W Christmas</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/27/08 Date Daytime Phone #		