

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

03-13-2008 90028 023 \*\*\*150.00

**FILED**  
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2008 JUN 19 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

40044234



03032008 No Chg-P CR2E034 (11/05)

**DOCUMENT # P04000010150**  
1. Entity Name  
COLOR GLO OF NORTHWEST FLORIDA, INC



Principal Place of Business Mailing Address  
PO BOX 31 PO BOX 31  
GULF BREEZE, FL 32562 GULF BREEZE, FL 32562  
*6012 Chandelle CR Pensacola FL 32507*

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
HICKEY, RAYMOND G  
913 GULF BREEZE PKWY  
# 5  
GULF BREEZE, FL 32561

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

*[Handwritten Signature]*

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MOORE, GUDRUN
STREET ADDRESS	PO BOX 31
CITY-ST-ZIP	GULF BREEZE, FL 32562
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 *Gudrun H Moore Gudrun H Moore* 6/16/08 850-293-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #