2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000010884

1. Entity Name
SKIPS PAINTING SERVICE, INC.

Principal Place of Business	Mailing Address
10485 EPSON LN	10485 EPSON LN
JACKSONVILLE, FL 32221 US	JACKSONVILLE, FL 32221 US

DO NOT WRITE IN THIS SPACE

02222007   No Chg-P   CR2E034 (11/05)

4. FEI Number   Applied For
11-3715135   Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLOOMER, GEORGE M III
4429 COUNTY ROAD 218 WEST
MIDDLEBURG, FL 32068

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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 _Kenny Choate_, Kenny Choate, Bookkeeper   4-25-07

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WASHBURN, LYLE
STREET ADDRESS	10485 EPSON LN
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	VP
NAME	WASHBURN, VALERIE
STREET ADDRESS	10485 EPSON LN
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U000000737606
05/11/07-80034-016 150.00

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: _Lyle E Washburn_ LYLE E WASHBURN   4-22-07   904-813-4922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #