
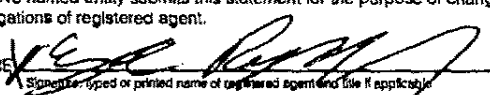



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000016781 1. Entity Name BUTCH RAYMOND PAINTING, INC.		
Principal Place of Business 16190 NE 71ST ST WILLISTON, FL 32696	Mailing Address 16190 NE 71ST ST WILLISTON, FL 32696	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAYMOND, BUTCH 16190 NE 71ST ST WILLISTON, FL 32696		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: _____ <small>Signature typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYMOND, BUTCH 16190 NE 71ST ST WILLISTON, FL 32696	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYMOND, SHARIL 16190 NE 71ST ST WILLISTON, FL 32696	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/31/07 Daytime Phone #: _____



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0606718	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000616681
02/07/07-80039-007 150.00