## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000021085**

1. Entity Name

MIKE JEFFERSON'S PAINTING, INC.



Principal Place of Business

Mailing Address

3535 ROBERTS AVE LOT 176 TALLAHASSEE, FL 32310 3535 ROBERTS AVE LOT 176 TALLAHASSEE, FL 32310 FILED Apr 30, 2007 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

04102007 No Chg-P CR2E034 (11/05)

4. FEI Number AF

41-2123355

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFERSON, MIKE 3535 ROBERTS AVE LOT 176 TALLAHASSEE, FL 32310 DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent angular engulared Agent signature required when reinalating)  DATE				
FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10. Title Name Street address City-St-Zip	OFFICERS AND DIRECT P JEFFERSON, MIKE 3535 ROBERTS AVE LOT 176 TALLAHASSEE, FL 32310	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, GILBERT 3535 ROBERTS AVE LOT 176 TALLAHASSEE, FL 32310			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			• <b>••••••••••••••••••••••••••••••••••••</b>	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE
TITLE NAME		,		

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

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

STREET AODRESS CITY-ST-ZIP

NAME STREET ADDRESS

SNATURE AND TYPED OR PRINTED NAME OF SIGNING SPRICER OR DIRECTOR

1 4/20/07 528-6309