2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 09, 2007 08:00 A Secretary of State DOCUMENT # P04000026622 1. Entity Namo MASTER'S HANDS PAINTING AND MAINTENANCE, INC. Principal Place of Business Mailing Address 3168 OAK LANE 3168 OAK LANE EDGEWATER FL 32132 EDGEWATER FL 32132 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & Stato 4. FEI Number Applied For 59-3403015 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo VANDRUFF, IVAN Stroot Address (P.O. Box Number is Not Acceptable) 3168 OAK LANE **EDGEWATER FL 32132** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE VANDRUFF, IVAN NAME NAME 3168 OAK LANE STREET ADDRESS STREET ADDRESS **EDGEWATER FL 32132** CITY-S1-7IP CITY-ST-7tP THE Delete IIILE Change ■ Addition NAME U00000695295 04/17/07-80054-015 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-S1-ZIP TITLE ☐ Deleie TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete Change ☐ Addilion NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP Delete TITLE ☐ Addilion NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7/P CITY-ST-7IP

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this reports 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.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

4-4-0

<u>386-427-380</u>0

Daytime Phone

**FILED**