

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000030506

1. Entity Name
HEWETT PAINTING, INCORPORATED



Principal Place of Business
5655 HUMMINGBIRD RD.
BASCOM, FL 32423

Mailing Address
P.O. BOX 2
BASCOM, FL 32423

DO NOT WRITE IN THIS SPACE

**FILED
Apr 16, 2007 8:00 am
Secretary of State**

04-16-2007 90093 019 ***150.00



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0934730	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEWETT, LAURIE N
5655 HUMMINGBIRD RD.
BASCOM, FL 32423

**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

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 D
NAME HEWETT, LAURIE N
STREET ADDRESS 5655 HUMMINGBIRD RD.
CITY-ST-ZIP BASCOM, FL 32423

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 otherlike empowered.

SIGNATURE: *Laurie Hewett President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/10 7 569-2283
8550
Date Daytime Phone #