



**2007-FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000041020</b> 1. Entity Name <b>ABF PAINTING, INC.</b>	
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Principal Place of Business <b>2306 SE HARRINGTON AVE PORT ST. LUCIE, FL 34952</b>	Mailing Address <b>2306 SE HARRINGTON AVE PORT ST. LUCIE, FL 34952</b>
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**DO NOT WRITE IN THIS SPACE**



08072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0827659</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHNEIDER, ROBERT A  
2306 SE HARRINGTON AVE  
PORT ST. LUCIE, FL 34952**

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 \_\_\_\_\_ DATE **08/10/07-80005-022 150.00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

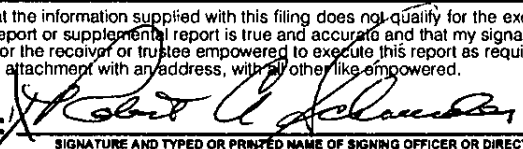
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D SCHNEIDER, ROBERT A 2306 SE HARRINGTON AVE PORT ST. LUCIE, FL 34952</b>
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**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 other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_