

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P04000044896

1. Entity Name

ACCENTS PAINTING AND TRIM, INC



Principal Place of Business

10168 AGAVE ROAD
JACKSONVILLE, FL 32246 US

Mailing Address

10168 AGAVE ROAD
JACKSONVILLE, FL 32246 US



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0830795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRIZENDINE, JUDITH G
1249 SOARING FLIGHT WAY
JACKSONVILLE, FL 32246

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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

000000758224
05/23/07-80104-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P.T
NAME	FISHER, MICHAEL A
STREET ADDRESS	10168 AGAVE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	VP
NAME	FISHER, JAMES A
STREET ADDRESS	10168 AGAVE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	CURTIS, JOHNATHAN
STREET ADDRESS	10109 PONTIAC DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

JAMES A. FISHER V.P.

Date

Daytime Phone

4-30-07 909 607 2733