


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P04000049822 1. Entity Name LARRY HEDGE PSAINTING, INC.																													
Principal Place of Business 2201 SCENIC HWY UNIT K-4 PENSACOLA FL 32503			Mailing Address 2201 SCENIC HWY UNIT K-4 PENSACOLA FL 32503																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 20-0835740 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E034 (4/07)																									
6. Name and Address of Current Registered Agent HEDGE, LARRY T 2201 SCENIC HWY UNIT K-4 PENSACOLA FL 32503			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ <small>Sign here, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when resigning) (DATE)</small>																													
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State.			S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 <input type="checkbox"/>																										
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>HEDGE, LARRY T</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2201 SCENIC HWY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PENSACOLA FL 32503</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	HEDGE, LARRY T		STREET ADDRESS	2201 SCENIC HWY		CITY - ST - ZIP	PENSACOLA FL 32503													
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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: Larry T. Hedge **3-5-07 (850) 439-6703**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #