

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000070539

1. Entity Name
PRODIGAL SONS CUSTOM PAINTING INC.



Principal Place of Business

5111 QUAN DRIVE
JACKSONVILLE, FL 32205

Mailing Address

POST OFFICE BOX 41285
JACKSONVILLE, FL 32203

DO NOT WRITE IN THIS SPACE



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1116451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLIER, THOMAS
5111 QUAN DRIVE
JACKSONVILLE, FL 32205

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME COLLIER, THOMAS
STREET ADDRESS 5111 QUAN DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE VP
NAME COLLIER, MICHAEL
STREET ADDRESS 5111 QUAN DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Thomas S. Collier

THOMAS S. COLLIER

7/09/08

Date

904 463-6793

Daytime Phone #