

From: TILLEY & CALLAHAN, PA, CPA's 904 730 7090

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90164 047 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

40094060



DOCUMENT # P04000070660					
1. Entity Name DUNCAN'S PAINTING, INC.					
Principal Place of Business 1131 MALLARD LANDING BLVD. N. JACKSONVILLE, FL 32259			Mailing Address 1131 MALLARD LANDING BLVD. N. JACKSONVILLE, FL 32259		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1078586	
				Applied For Not Applicable	
				5. Certificate of Status Desired - <input type="checkbox"/> - \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEPHEN E. TILLEY, CPA 4485 BAYMEADOWS RD. STE. 3 JACKSONVILLE, FL 32217			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: _____ (NOTE: Registered Agent signature required when retreating) DATE: _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRASIEL, DUNCAN 1131 MALLARD LANDING BLVD. N. JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Stephen K. Bran</i>			4-30-08 904 287-0270		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		