## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P04000079378

Entity Name
 CEILING SPRAY & REPAIR, INC.



Principal Place of Business

8800 SE OCEAN DR SPT 1305 JENSEN BEACH, FL 34957 Mailing Address

8800 SE OCEAN DR SPT 1305 JENSEN BEACH, FL 34957

### FILED May 07, 2007 08:00 A Secretary of State



#### DO NOT WRITE IN THIS SPACE

05022007 No Chg-P CR2E034 (11/05)

Applied For

02-0728100

4. FEI Number

\$8.75 Additional Fee Required

Not Applicable

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

KAVLICH, EDWARD JR 8800 SE OCEAN DR SPT 1305 JENSEN BEACH, FL 34957

SIGNATURE:

# DO NOT WRITE IN THIS SPACE

the obligations of registered agent.  SIGNATURE Educated of Rawlish Co.					
Old of Torigo	Signature, typed or printed name of registered agent and the	le if applicable. (NOTE. Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$550.00  Due by September 14, 2007  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	ECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KAVLICH, EDWARD JR 8800 SE OCEAN DR SPT 1305 JENSEN BEACH, FL 34957				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAVLICH, JANE E 8800 SE OCEAN DR SPT 1305 JENSEN BEACH, FL 34957			U00000762633 05/29/07-80015-023 150.00	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	V KAVLICH, EDWARD III 1742 SE RIDGEWOOD ST PORT SAINT LUCIE, FL 34952		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

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