## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 14, 2007 08:00 AM DOCUMENT # P04000098363 **Secretary of State** 1. Entity Name A TO Z PAINTING, INC. Principal Place of Business Mailing Address 1670 SE 185TH COURT SILVER SPRINGS FL 34488 1670 SE 185TH COURT SILVER SPRINGS FL 34488 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 10-1321143 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLEMING, RICHARD H JR 1670 SE 185TH COURT Street Address (P.O. Box Number is Not Acceptable) SILVER SPRINGS FL 34488 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. Signature, typed or printed name of registered agent and title r applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE. ☐ Detete THE Change FLEMING, RICHARD H'JR NAMI NAME U00000666746 1670 SE 185TH COURT STREET ADDRESS STREET ADDRESS 03/23/07-80084-007 158.75 SILVER SPRINGS FL 34488 CITY-ST-7IP CITY-ST-ZIP ☐ Change 2006 ☐ Delete IIILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete HILE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP Delete TOLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIL Delete IIIŒ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-S1-ZIP TITLE Delete HHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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

Kichard H Fleming Jr

FILED

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