
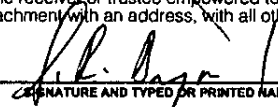


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000158003		
1. Entity Name SCOTT'S PREMIER PAINTING INC.		
Principal Place of Business 7764 JORDAN HEIGHTS DRIVE LAKELAND, FL 33810		Mailing Address 7764 JORDAN HEIGHTS DRIVE LAKELAND, FL 33810
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRYANT, SCOTT R 7764 JORDAN HEIGHTS DRIVE LAKELAND, FL 33810		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 08/25/08-80007-015 150.00
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	BRYANT, SCOTT R	
STREET ADDRESS	7764 JORDAN HEIGHTS DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.		
SIGNATURE:  SCOTT R. BRYANT		Date 8/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (863) 640-2257

FILED
Aug 25, 2008 08:00 AM
Secretary of State



08212008 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0133182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required