

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007816

Entity Name: PERCISION PAINTS INC

FILED  
Feb 13, 2008  
Secretary of State

## Current Principal Place of Business:

6302 RIDGE RD  
PORT RICHEY, FL 34668 US

## New Principal Place of Business:

6057 OAK RIDGE AVE.  
NEW PORT RICHEY, FL 34653 US

## Current Mailing Address:

6302 RIDGE RD  
PORT RICHEY, FL 34668 US

## New Mailing Address:

6057 OAK RIDGE AVE.  
NEW PORT RICHEY, FL 34653 US

FEI Number: 20-2216680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEATH, FRED  
6302 RIDGE RD  
PORT RICHEY, FL 34668 US

## Name and Address of New Registered Agent:

GAUSE, MARSHALL PRES  
6057 OAKRIDGE AVE  
NEW PORT RICHEY, FL 34653 US

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.

SIGNATURE: MARSHALL GAUSE

02/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GAUSE, MARSHALL  
Address: 6302 RIDGE RD  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: VP (X) Delete  
Name: HEATH, FRED  
Address: 6302 RIDGE RD  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: S (X) Delete  
Name: GAUSE, MARSHALL  
Address: 6302 RIDGE RD  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: T (X) Delete  
Name: HEATH, FRED  
Address: 6302 RIDGE RD  
City-St-Zip: PORT RICHEY, FL 34668 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: GAUSE, MARSHALL  
Address: 6057 OAKRIDGE AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL GAUSE

PRES

02/13/2008

Electronic Signature of Signing Officer or Director

Date