2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # P05000015863 1. Entity Name PAINT IT SHOP INC						05-01-2008	90202 035 ***15	50.00	
Principal Place of Business Mailing Address				·——-	1				
490 16TH AVENUE NE		490 16TH AVENUE NE			•				
NAPLES, FL		NAPLES, FL 34120 US							
WW 225,72 57125 55			•						
Principal Place of Business - No P.O. Box # Mailing Address				-					
Suite, Apt. #, etc.		Suite, Apt. ∉, etc.		04252008	Chg-P	CR2E034 (12/06)			
(C) 2 (C) -1		City A City	Cily & State		4 55(1)			pplied For	
City & State		City & State		4. FEI Number 20-2246		├	ot Applicable		
Zip	Country	Zin	Zip Country				¢9.75		
210	Coorning	2.10	Count		5. Certificate of	f Status Desired	Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R			
				Name					
-HIGGINBOTHAM'&'SOUD PA CPAS									
150 S MAIN ST				Street Address (P.O. Box Number is Not Acceptable)					
LABELLE, FL 33935						./-			
\$ 30 yes									
				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 Skip above, typed or privated name of registered agent and bite if applicable. (NOTE Registered Agent appraisate required when reinstating) DATE									
TABLE AND A SECOND CONTRACTOR OF THE PROPERTY									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5. Trust Fund Contribution.					.00 May Be led to Fees				
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE			TITLE				Change	Addition	
NAME	GRIGGS, STEVEN R			1					
STREET ADDRESS				ET ADDRESS					
CITY - ST ZIP				-ST-ZIP					
TITLE			TITLE	1			Change	Addition	
NAME	GRIGGS, ELINOR B								
STREET ADDRESS	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1			ET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34120		CITY	-S1-ZIF					
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CITY-ST-ZIP									
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NAME			NAME	1				ŀ	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP CITY-ST-ZIP 12. I nereby certify that the information supplied with this filling does not qualify for the exemptic									
12 Inerehvic	ertify that the information supplied with	this filing does not quality for	the exe	implions contained	un Chapter 119.	Florida Statutes, I I	lurther certify that the in	nformation	

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 am an officer or directly 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 the empowered.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING A FICER OR DIRECTOR