2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P05000025105 1. Entity Name MICKEY CERL RAINTING INC.					05-02-2008 90171 024 ***150.00				
WIICKET	GERI PAINTING, INC.								
Principal Place	e of Business	Mailing Address		4.					
154 VASSAR DRIVE PENSACOLA, FL 32506		154 VASSAR DRIVE Pensacola, FL 32506							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	;						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292008	04292008 Chg-P CR2E034 (12/06)				
City & State		City & State		4. FEI Numb			Applied For Not Applicable		
Zip	Country	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	Name	7. Name an	d Address of New I	Registered Agen	ıt		
GERI, MIÇ									
154 VASSA PENSACO	AR DRIVE LA, FL 32506		Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code)	
	named entity submits this statement foions of registered agent.	r the purpose of changing its	s registered office or	registered agent, or be	oth, in the State of F	lorida. I am famil	iar with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable. (NO	E: Registered Agent signatu	re required when reinstating)		DATE	-	<u> </u>	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees					
10	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIR	ECTORS	3 IN 11	
TITLE .	D	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GERI, MICKEY 154 VASSAR DRIVE PENSACOLA, FL 32506		NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADORESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST-ZIP						
TITLE		Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS		1.77%	STREET ADDRESS					•	
indicated of the cor	certify that the information supplied with on this report or supplemental report in poration or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that owered to execute this repoi	my signature shall h t as required by Cha	ave the same legal effe	ect as if made under	r oath; that I am a	in officer	or director	
_		with all other like empowered	d. 		11/3				
SIGNAT	TURE: SIGNATURE AND TYPED OR	PHINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		9/50 Vaye	// () (5) Daytim	ne Phone #		