

**2010 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000026760

1. Entity Name
OSCAR LIGHTFOOT PAINTING SERVICES INC.



Principal Place of Business
3575 SUNDOWN RD
TALLAHASSEE, FL 32310

Mailing Address
3575 SUNDOWN RD
TALLAHASSEE, FL 32310

FILED

10 SEP 24 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09242010 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1660438

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNETH BARBER & ASSOCIATES
650 WEST BREVARD STREET
TALLAHASSEE, FL 32304

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 24, 2010**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LIGHTFOOT, OSCAR
3575 SUNDOWN RD
TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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100185829071
09/24/10--01004--012 **550.00

**DO NOT WRITE
IN THIS SPACE**

9/24

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #