

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90007 018 \*\*\*158.75

**DOCUMENT # P05000049663**

1. Entity Name  
**KENNEDY SOUTH PAINTING, INC.**



Principal Place of Business  
**4714 W KNIGHTS AVE  
TAMPA, FL 33611**

Mailing Address  
**4714 W KNIGHTS AVE  
TAMPA, FL 33611**

**40025709**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

01102007 Chg-P CR2E034 (12/06)

4. FEI Number  
**33-1114630**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**WOLFE, JILL L  
4714 W KNIGHTS AVE  
TAMPA, FL 33611**

7. Name and Address of New Registered Agent  
Name **Guthrie, Jill L**  
Street Address (P.O. Box Number is Not Acceptable)  
**4714 W. KNIGHTS AVE.**  
City **Tampa, FL** Zip Code **33611**

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 **Geo L. Guthrie** DATE **1-10-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WOLFE, CRAIG L 4714 W KNIGHTS AVE TAMPA, FL 33611</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Wolfe, Craig L 4714 W. Knights Ave. Tampa, FL 33611</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V NANK, GARY 3121 49TH ST N ST PETE, FL 33710</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Wolfe, Kathy A 4714 W. Knights Ave. Tampa, FL 33611</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 within an other like empowered.

SIGNATURE: **C. Wolfe** DATE **1-11-07** DAYTIME PHONE **(813) 690-5379**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR