## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000061706

5465 ALLIGATOR LAKE RD

(X) Delete

SAINT CLOUD, FL 34772

Address:

Title:

City-St-Zip:

FILED Jul 29, 2008 Secretary of State

Entity Name: M & D PROFESSIONAL PAINTING, INC. **Current Principal Place of Business: New Principal Place of Business:** 5465 ALLIGATOR LAKE RD SAINT CLOUD, FL 34772 **Current Mailing Address: New Mailing Address:** 5465 ALLIGATOR LAKE RD SAINT CLOUD, FL 34772 FEI Number: 20-2760179 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIRE, MICHEL L 5465 ALLIGATOR LAKE RD SAINT CLOUD, FL 34772 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RODRIGUEZ, JUAN D Name: Name: 5465 ALLIGATOR LAKE RD Address: Address: City-St-Zip: SAINT CLOUD, FL 34772 City-St-Zip: Title: Title: () Change () Addition () Delete Name: HIRE. MICHEL L Name:

Address:

Title:

City-St-Zip:

ABARCA, MARGOT Name: Name: 5465 ALLIGATOR LAKE ROAD Address: Address: City-St-Zip: ST CLOUD, FL 34772 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: JUAN DIEGO RODRIGUEZ 07/29/2008 D

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