

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90059 008 \*\*\*150.00

<b>DOCUMENT # P05000079808</b>					
<b>1. Entity Name</b> KOLINSKI & SON PAINTING INC					
<b>Principal Place of Business</b> 1129 SW 34TH ST. PALM CITY, FL 34990			<b>Mailing Address</b> P.O. BOX 479 PORT SALERNO, FL 34992		
<b>2. Principal Place of Business - No P.O. Box #</b> Corawin Trl. PK. Suite, Apt. #, etc. 5400 SE Jack Ave. Lot L18		<b>3. Mailing Address</b> Corawin Trl. PK. Suite, Apt. #, etc. 5400 Jack Ave. Lot L18			
<b>City &amp; State</b> Port Salerno, FL		<b>City &amp; State</b> Port Salerno, FL		<b>4. FEI Number</b> 20-2963772	
<b>Zip</b> 34992		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KOLINSKI, GARY 1129 SW 34TH ST. PALM CITY, FL 34990			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) Corawin Trl. PK. 5400 Jack Ave. Lot L18 City Port Salerno FL Zip Code 34992		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> KOLINSKI, GARY		<b>TITLE</b> 	<b>NAME</b> Corawin Trl. PK.	
<b>STREET ADDRESS</b> 1129 SW 34TH ST.	<b>CITY-ST-ZIP</b> PALM CITY, FL 34990		<b>STREET ADDRESS</b> 5400 Jack Ave. Lot L18	<b>CITY-ST-ZIP</b> Port Salerno, FL 34992	
<b>TITLE</b> VP	<b>NAME</b> KOLINSKI, JOSEPH		<b>TITLE</b> 	<b>NAME</b> Corawin Trl. PK.	
<b>STREET ADDRESS</b> 1129 SW 34TH ST.	<b>CITY-ST-ZIP</b> PALM CITY, FL 34990		<b>STREET ADDRESS</b> 5400 Jack Ave. Lot L18	<b>CITY-ST-ZIP</b> Port Salerno, FL 34992	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> <u>GARY KOLINSKI</u>			4-2-08 772-370-3111		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					