


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90009 050 ***150.00

DOCUMENT # P05000099507

1. Entity Name
JOSE RICARDO PAINTING, INC.



Principal Place of Business Mailing Address
1103 MANIGAN AVE **1103 MANIGAN AVE**
OVIEDO, FL 32765 **OVIEDO, FL 32765**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
721 Clifton Hills St **721 Clifton Hills St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando, FL **Orlando, FL**
 Zip Country Zip Country
32828 **USA** **32828** **USA**

02202007 Chg-P CR2E034 (12/06)

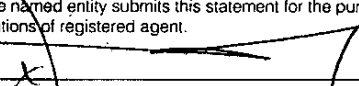
4. FEI Number Applied For
20-3153288 Not Applicable

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

6. Name and Address of Current Registered Agent
FERNANDEZ, JOSE R
1103 MANIGAN AVE
OVIEDO, FL 32765

7. Name and Address of New Registered Agent
 Name **Jose R Fernandez**
 Street Address (P.O. Box Number is Not Acceptable)
721 Clifton Hills St
 City **Orlando** FL Zip Code **32828**

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  DATE **2/20/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JOSE R	
STREET ADDRESS	1103 MANIGAN AVE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Fernandez Jose R	
STREET ADDRESS	721 Clifton Hills St	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE **2/20/07** DAYTIME PHONE # **355-945-3553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #