


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90090 016 \*\*\*150.00

DOCUMENT # P05000121902

1. Entity Name  
**ROBERT BRACKE PAINTING, INC**



Principal Place of Business      Mailing Address

18311 TOLEDO BLADE BLVD      18311 TOLEDO BLADE BLVD  
 PORT CHARLOTTE, FL 33948 US      PORT CHARLOTTE, FL 33948 US

10100000

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

12560 S. TAMMAMIR      18394 Inwood Ave.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Ste 8038

( P05000121902P )

05072007      Chg-P      CR2E034 (12/06)

City & State      City & State

North Port, FL      Port Charlotte, FL

Zip      Country      Zip      Country

34287      USA      33952      USA

4. FEI Number      Applied For

14-1937007      Not Applicable

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

6. Name and Address of Current Registered Agent

BRACKE, ROBERT J  
 18311 TOLEDO BLADE BLVD  
 PORT CHARLOTTE, FL 33948

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

18394 Inwood Avenue

City      State      Zip Code

Port Charlotte,      FL      33952

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	BRACKE, ROBERT J
STREET ADDRESS	18311 TOLEDO BLADE BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	D <input type="checkbox"/> Delete
NAME	HONEA, ROSABELLE M
STREET ADDRESS	18311 TOLEDO BLADE BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
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	P, D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	18394 Inwood Avenue
CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	VP, D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	18394 Inwood Avenue
CITY-ST-ZIP	Port Charlotte, FL 33952
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: R. HONEA R. HONEA

Date: 7 MAY 07 Daytime Phone # \_\_\_\_\_