

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90046 019 \*\*\*158.75

<b>DOCUMENT # P05000138621</b> 1. Entity Name <b>PAINT PRO'S OF JACKSONVILLE INC.</b>																																																																							
Principal Place of Business 12344 HIDDEN HILLS LN JACKSONVILLE, FL 32225			Mailing Address 12344 HIDDEN HILLS LN JACKSONVILLE, FL 32225																																																																				
2. Principal Place of Business - No P.O. Box # <b>11557 BROAD LEAF DR</b>		3. Mailing Address <b>P.O. Box 351373</b>																																																																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																					
City & State <b>JAX FL</b>		City & State <b>JAX, FL</b>		4. FEI Number <b>20-5144974</b>																																																																			
Zip <b>32225</b>		Country <b>DUVAL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																			
Zip <b>32235</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent  <b>STONE, CHARLENE S</b> <b>12301 KERNAN FOREST BLVD.</b> <b>#506</b> <b>JACKSONVILLE, FL 32225</b>																																																																			
7. Name and Address of New Registered Agent Name <b>STANLEY, CHARLENE</b> Street Address (P.O. Box Number is Not Acceptable) <b>11557 BROAD LEAF DR</b> City <b>JAX</b> FL <b>FL</b> Zip Code <b>32225</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. SIGNATURE: <b>CHARLENE STANLEY</b> <b>3-12-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P,T STONE, CHARLENE 12301 KERNAN FOREST BLVD #506 JACKSONVILLE, FL 32225</td> <td style="width: 10%; padding: 2px; text-align: center;">Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P,T STANLEY, CHARLENE 11557 BROAD LEAF DR JAX FL 32225</td> <td style="width: 10%; padding: 2px; text-align: center;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P,T STONE, CHARLENE 12301 KERNAN FOREST BLVD #506 JACKSONVILLE, FL 32225	Delete	TITLE	P,T STANLEY, CHARLENE 11557 BROAD LEAF DR JAX FL 32225	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <b>CHARLENE STANLEY</b> <b>3-12-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																							

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