


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000140141


1. Entity Name
SWEETWATER HOMES PAINTING, INC.



Principal Place of Business Mailing Address

**8016 S. SUNCOAST BLVD
 HOMOSASSA, FL 34446** **8016 S. SUNCOAST BLVD
 HOMOSASSA, FL 34446**

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3605838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TATE, LARRY
 11 BYRSONIMA CT WEST
 HOMOSASSA, FL 34446**

DO NOT WRITE IN THIS SPACE

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
After May 1, 2007 Fee will be \$550.00

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

U00000588622
 01/17/07-80077-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TATE, LARRY 11 BYRSONIMA CT WEST HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, RICHARD 10 LINDER CIRCLE HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTENSEN, ROBERT R 4 SHORTLEAF COURT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAUGHAN, NELSON 8016 S SUNCOAST BLVD HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  Larry Tate 1/12/07 352-382-4547

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