2007 FOR PROFIT CORPORATION ANNUAL REPORT

2807 MAR 23 PM 2: 10 **DOCUMENT # P05000144566** SECRETALLA TALE TALE TALLAHASSEE, FLORIDA THE FINISHING TOUCH PAINTING & PRESSURE WASHING, INC. Principal Place of Business Mailing Address 40035433 802 N. MOBLEY ST.. 802 N. MOBLEY ST. PLANT CITY, FL 33563 PLANT CITY, FL 33563 US 2. Principal Place of Bysiness - No P.O. Box # 1204 GOLOFINCH DY 3. Mailing Address same Suite, Apt. #, etc. Suite Act # etc 03122007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip 33562 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SNYDER, ERICA D 802 N. MOBLEY ST. PLANT CITY, FL 33563 Godfinch 8. The above named entity submits this statement for the purpose of changing its registered office or registered age or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and if air applicable (NOTE Registered Agent aignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MILE **∠** Delete TITLE ☐ Change ☐ Addition SNÝDER, ERICA D NAME NAME STREET ADDRESS 802 N. MOBLEY ST. STREET ADDRESS PLANT CITY, FL 33563 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE President Change Addition TAYLOR, VICTOR J NAME NAME Victor J. Taylor 1204 Gadanch Dr. # 2 Plant City A. 33563 802 N. MOBLEY ST. STREET ADDRESS STREET ADDRESS PLANT CITY, FL 335963 CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete TITLE TETLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-70 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-71P City-ST-ZiP 12. Thereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee employed 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 latt inher like empowered. SIGNATURE: _ MANATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR D

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