


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90078 028 \*\*\*150.00

<b>DOCUMENT # P05000150256</b>	
1. Entity Name <b>REVES PAINTING &amp; DESIGN, INC.</b>	

Principal Place of Business <b>34 RYAPPLE LANE, UNIT B PALM COAST, FL 32164</b>	Mailing Address <b>34 RYAPPLE LANE, UNIT B PALM COAST, FL 32164</b>
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2. Principal Place of Business - No P.O. Box # <b>116 RED MILL DRIVE</b>	3. Mailing Address <b>116 RED MILL DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PALM COAST, FL</b>	City & State <b>PALM COAST, FL</b>
Zip <b>32164</b>	Country
Country	Zip <b>32164</b>

40003347



01262007 Chg-P CR2E034 (12/06)

4. FEI Number <del>14-1841260</del> <b>14-1941260</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>KNIGHT, JERRY C. 4721 E. MOODY BLVD., BLDG. 5, STE. 505-506 BUNNELL, FL 32110</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT REVES, THOMAS J. 34 RYAPPLE LANE, UNIT B PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>116 RED MILL DRIVE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DENIZ, OZLEN 34 RYAPPLE LANE, UNIT B PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>116 RED MILL DRIVE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas J. REVES**

Date

**01-26-07 386 931-9234**

Daytime Phone #