## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 24, 2008 08:00 AN Secretary of State **DOCUMENT # P06000002280** 1. Entity Name ATC PAINTING, INC. Mailing Address Principal Place of Business 2306 ARMENIA RD. 2306 ARMENIA RD. NORTH PORT, FL 34287 NORTH PORT, FL 34287 g - 1 d s - 2 g - 1, sc 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4012651 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CADY, ANDREW T. DO NOT WRITE 2306 ARMENIA RD. NORTH PORT, FL 34287 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 Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVST** TITLE CADY, ANDREW T. NAME 2306 ARMENIA RD. STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34287 TITLE NAME U00000795736 n1/29/08-80004-002 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP