2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State				
DOCUMENT # P0600002950 1. Entity Name JAX PAINTING, INC.						05-02-2003	7 90067 ()30 ***]	150.00	
Principal Plac	e of Business	Mailing Address	Mailing Address							
5691 25TH STREET CIRCLE EAST BRADENTON, FL 34203			5691 25TH STREET CIRCLE EAST BRADENTON, FL 34203							
2. Principal P	face of Business - No P.O. Box #	3. Mailing Addre	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, €	Suite, Apt. #, etc.			Chg-P	CR2E034	(12/06)		
City & State		City & State	City & State		4. FEI Nymb	5-40121	41		plied For Applicable	
Zip	¹ Country	Zip	Zip Coun		5. Certificate	of Status Desired	□ \$	8.75 Addi	itional	
6. Name and Address of Current Registered Agent					7. Name and	Address of New Re	istered Ag	ent		
· .				Name						
5691 25TH	RMAN, JACK:L I STREET CIRCLE EAST ON, FL 34203		Street Ar		ss (P.O. Box Numb	er is Not Acceptable)				
				6				T 7' . O. T		
[City			FL	Zip Code	'	
	named entity submits this statement ions of registered agent.	for the purpose of cha	anging its registe	ered office or regi	islered agent, or bo	oth, in the State of Flori	da. I am far	niliar with, a	and accept	
)	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE; Registe	red Agent signature req	uired when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTOR			11		ADDITIONS	CHANGES TO OFFIC	ERS AND D	IRECTORS	IN 11	
TITLE	P	□ Da		LE			[Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MAUGHERMAN, JACK L 5691 25TH STREET CIRCLE E BRADENTON, FL 34203	EAST	\$1	ME REET ADDRESS SY-ST-ZIP						
TITLE	VP		elete Iti	LE				Change	☐ Addition	
NAME	MAUGHERMAN, DEDRA R			ME			•			
STREET ADDRESS				REE1 ADDRESS					i	
CITY-ST-ZIP	BRADENTON, FL 34203		CI'	TY-ST-ZIP	J. 10-40.					
TITLE		□ α		ILE			Į	Change	☐ Addition	
NAME STREET ADDRESS				ME REET ADDRESS						
CITY-ST-ZIP				IY-S1-ZiP						
TITLE		□ D	elete III	ILE			[Change	Addition	
NAME				ME						
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP				TY-ST-ZIP				Change	Addition	
TITLE NAME		□ D		ILE IME			ı	Unange	Addition	
STREET ADDRESS			SI	REET ADORESS						
CITY-ST-ZIP			CI	TY-ST-ZIP						
TITLE		□ D		TLE				Change	Addition	
NAME STREET ADDRESS				ime Reet address						
CITY-ST-ZIP				TY-ST-ZIP						

12. Thereby 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 PHASE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED PHASE OF SIGNING OFFICER OR DIRECTOR

Date

Date