

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90049 014 \*\*\*150.00

**DOCUMENT # P06000006488**

1. Entity Name

EMPTY PAIL PAINTING COMPANY



Principal Place of Business  
4245 APOLLO AVENUE  
JACKSONVILLE, FL 32226

Mailing Address  
4245 APOLLO AVENUE  
JACKSONVILLE, FL 32226

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4133501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OVERSTREET, GWENDOLYN  
50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202

Name  
Overstreet, Gwendolyn

Street Address (P.O. Box Number is Not Acceptable)  
4245 Apollo Ave

City  
Jacksonville

FL

Zip Code  
32226

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

Gwendolyn B. Overstreet

4/30/07

Signature, typed or printed name of registered agent and title if applicable.

(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 PD ☐ Delete  
NAME OVERSTREET, TRAVIS  
STREET ADDRESS 4245 APOLLO AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME OVERSTREET, CLIFFORD  
STREET ADDRESS 4245 APOLLO AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME OVERSTREET, GWENDOLYN  
STREET ADDRESS 4245 APOLLO AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME OVERSTREET, WALTON SR.  
STREET ADDRESS 4245 APOLLO AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE ☐ Change ☐ Addition  
NAME Overstreet, WALTER SR  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

Gwendolyn B. Overstreet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07

904

757-0506