

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000011439

Entity Name: SEDONA PAINTING INC

FILED  
Sep 28, 2007  
Secretary of State

**Current Principal Place of Business:**

1409 WHOOPING DR  
GROVELAND, FL 34715 US

**New Principal Place of Business:**

3935 GRIFFIN AVE  
LADY LAKE, FL 32159 US

**Current Mailing Address:**

1409 WHOOPING DR  
GROVELAND, FL 34715 US

**New Mailing Address:**

3935 GRIFFIN AVE  
LADY LAKE, FL 32159 US

FEI Number: 20-4186579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KABA CONSULTING INC  
214 E WASHINGTON ST  
SUITE A  
MINNEOLA, FL 34715 US

**Name and Address of New Registered Agent:**

SULLIVAN, CHARLES P  
3935 GRIFFIN AVE  
LADY LAKE, FL 32159 US

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.

SIGNATURE: CHARLES SULLIVAN

09/28/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FERRIS, CHRISTIAN H  
Address: 1409 WHOOPING DR  
City-St-Zip: GROVELAND, FL 34736 FL

Title: V (X) Delete  
Name: SULLIVAN, CHARLES P  
Address: 408 QUIMBY DR.  
City-St-Zip: DAVENPORT, FL 33897 US

Title: V (X) Delete  
Name: SULLIVAN, TIFFANY M  
Address: 408 QUIMBY DR.  
City-St-Zip: DAVENPORT, FL 33897 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SULLIVAN, CHARLES P P  
Address: 3935 GRIFFIN AVE  
City-St-Zip: LADY LAKE, FL 32159 FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SULLIVAN

P

09/28/2007

Electronic Signature of Signing Officer or Director

Date