


2008 **FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90067 034 \*\*\*150.00

DOCUMENT # P06000046168 1. Entity Name Gwynn Custom Painting, Inc.	
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**DO NOT WRITE IN THIS SPACE**

40068941

2. Principal Place of Business 811 N.E. 8th Ave. Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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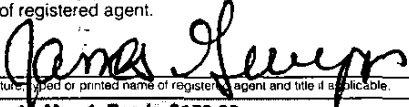
CR2E034B (8/05)

City & State Delray Beach, FL	City & State	4. FEL Number 65-1276679	Applied For Not Applicable
33483	Delray Beach	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	James A. Gwynn
Street Address (P.O. Box Number is Not Acceptable)	811 N.E. 8th Ave.
City	Delray Beach, FL
Zip Code	33483

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  DATE 3/26/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00                  After May 1, Fee is \$550.00                  Amended AR is \$61.25                  Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James A. Gwynn 811 N.E. 8th Avenue Delray Beach, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 3/26/08 561-276-1973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #