


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90039 047 \*\*\*150.00

<b>DOCUMENT # P06000047182</b>					
<b>1. Entity Name</b> VIC'S PAINTING & RECONSTRUCTION OF TAMPA BAY, INC.					
<b>Principal Place of Business</b> 4007 118TH AVE. NORTH CLEARWATER, FL 33796 US			<b>Mailing Address</b> C/O VICTOR J. HEIN 5420 DIVISION DRIVE FORT MYERS, FL 33905 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-4810749	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HEIN, VICTOR J 5420 DIVISION DRIVE FORT MYERS, FL 33905			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D,P <input type="checkbox"/> Delete <b>NAME</b> HEIN, VICTOR J <b>STREET ADDRESS</b> 5420 DIVISION DRIVE <b>CITY-ST-ZIP</b> FORT MYERS, FL 33905	<b>TITLE</b> VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> HEIN, VICTOR J. <b>STREET ADDRESS</b> 5420 Division Drive <b>CITY-ST-ZIP</b> Fort Myers FL 33905		<b>TITLE</b> VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> HEIN, VICTOR J. <b>STREET ADDRESS</b> 5420 Division Drive <b>CITY-ST-ZIP</b> Fort Myers FL 33905		
<b>TITLE</b> VP <input checked="" type="checkbox"/> Delete <b>NAME</b> ABBOTT, JEFFREY <b>STREET ADDRESS</b> 2955 19TH PLACE SW <b>CITY-ST-ZIP</b> LARGO, FL 33774	<b>TITLE</b> S,T <input type="checkbox"/> Delete <b>NAME</b> HEIN, VICTOR J <b>STREET ADDRESS</b> 5420 DIVISION DRIVE <b>CITY-ST-ZIP</b> FORT MYERS, FL 33905		<b>TITLE</b> S,T <input type="checkbox"/> Delete <b>NAME</b> HEIN, VICTOR J <b>STREET ADDRESS</b> 5420 DIVISION DRIVE <b>CITY-ST-ZIP</b> FORT MYERS, FL 33905		
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Victor J. Hein</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02-22-08 239-694-313/ Date Daytime Phone #		
Victor J. Hein, President					