

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90185 031 \*\*\*150.00

<b>DOCUMENT # P06000055738</b>					
<b>1. Entity Name</b> RON'S PAINTING OF VOLUSIA COUNTY INC					
<b>Principal Place of Business</b> 1924 DUVALL PLACE SOUTH DAYTONA, FL 32119			<b>Mailing Address</b> 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117		
<b>2. Principal Place of Business - No P.O. Box #</b> 1872 Fairland			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> SIMON D BCH FL			<b>City &amp; State</b>		
<b>Zip</b> 32174			<b>Country</b>		
<b>4. FID Number</b> 20-4787292			<b>Applied For</b> Not Applicable		
<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> LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
<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>			DATE: 1/8/07		
<b>SIGNATURE:</b> [Signature]			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <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> P.	<b>NAME</b> BRYNTESON, RON	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1924 DUVALL PALCE	<b>CITY-ST-ZIP</b> SOUTH DAYTONA, FL 32119		<b>NAME</b> 1872 Fairland	<b>STREET ADDRESS</b> Simon D BCH FL	<b>CITY-ST-ZIP</b> 32174
<b>TITLE</b> VP	<b>NAME</b> BRYNTESON, ROBERT	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1924 DUVALL PALCE	<b>CITY-ST-ZIP</b> SOUTH DAYTONA, FL 32119		<b>NAME</b> 1872 Fairland	<b>STREET ADDRESS</b> Simon D BCH FL	<b>CITY-ST-ZIP</b> 32174
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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> [Signature]			Date: 1-07-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1-07-07		

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01082007 Chg-P CR2E034 (12/06)

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of New Registered Agent

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1515 RIDGEWOOD AVE  
A  
HOLLY HILL, FL 32117

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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CITY-ST-ZIP SOUTH DAYTONA, FL 32119

TITLE  
NAME  
STREET ADDRESS 1872 Fairland  
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

386 6769681