


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90009 017 ***150.00

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1. Entity Name
 ALL AFFORDABLE PAINTING, INC.



Principal Place of Business Mailing Address
 1421 SE 1ST AVE 1421 SE 1ST AVE
 GAINESVILLE, FL 32641-7244 GAINESVILLE, FL 32641-7244



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. *Same* Suite, Apt. #, etc. *Same*

City & State *Same* City & State *Same*

Zip Country Zip Country

02272008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 13-4331633 Not Applicable

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

6. Name and Address of Current Registered Agent

WARREN, DALE C
 1421 SE 1ST AVE
 GAINESVILLE, FL 32641-7244

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 *Dale C. Warren*

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. - \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WARREN, DALE C	
STREET ADDRESS	1421 SE 1ST AVE	
CITY-ST-ZIP	GAINESVILLE, FL 326417244	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, JOHN L	
STREET ADDRESS	1421 SE 1ST AVE	
CITY-ST-ZIP	GAINESVILLE, FL 326417244	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMES, SHARON D	
STREET ADDRESS	1421 SE 1ST AVE	
CITY-ST-ZIP	GAINESVILLE, FL 326417244	
TITLE	T	<input type="checkbox"/> Delete
NAME	ASHAVNTAE, WARREN D	
STREET ADDRESS	1421 SE 1ST AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32641	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren, Sharon H.	
STREET ADDRESS	1421 SE 1ST Ave	
CITY-ST-ZIP	Gainesville, FL 32641	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ashauntae Warren D.	
STREET ADDRESS	1421 SE 1ST Ave	
CITY-ST-ZIP	Gainesville, FL 32641	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dale C. Warren* DALE C. WARREN 26 Feb 08 (352) 281-5210 375-4456

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