


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90053 002 ***150.00

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|---|---|
| DOCUMENT # P06000062557 |  |
| 1. Entity Name INDEPENDENT PAINTING OF JACKSONVILLE, INC. | |

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| Principal Place of Business 1814 MAYFAIR RD. JACKSONVILLE FL 32207 | Mailing Address 1814 MAYFAIR RD. JACKSONVILLE FL 32207 |
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|--|--|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | 4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
|--|--|---|

1st MOORE CR2E034 (10/06)

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent LOTT, JOHN R 1814 MAYFAIR RD. JACKSONVILLE FL 32207 | | 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 *John R. Lott Pres.* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P LOTT, JOHN R 1814 MAYFAIR RD. JACKSONVILLE FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP TRANQUILLI, DAVID S 12311 KENSINGTON LAKES, DR. #306 JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John R. Lott Pres.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____