

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2007 8:00 am**  
**Secretary of State**

09-05-2007 90005 026 \*\*\*550.00

<b>DOCUMENT # P06000067660</b> 1. Entity Name <b>ROBERT VINCENT PAINTING, INC.</b>					
Principal Place of Business <b>93 PINE TRACE COURSE OCALA, FL 34472 US</b>			Mailing Address <b>93 PINE TRACE COURSE OCALA, FL 34472 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2379 SW 168th Lp</b>		3. Mailing Address <b>2379 SW 168th Lp</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>OCALA, FL</b>		City & State <b>OCALA, FL</b>		4. FEI Number <b>061780137</b>	
Zip <b>34473</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name <b>Robert Vincent</b> Street Address (P.O. Box Number is Not Acceptable) <b>2379 SW 168th Lp</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34473</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.  SIGNATURE <b>Robert Vincent</b> <span style="float: right;">8/17/07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT, ROBERT <input type="checkbox"/> Delete 93 PINE TRACE COURSE OCALA, FL 34472		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Vincent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2379 SW 168th Lp OCALA, FL 34473	
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	
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	
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	
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	
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	
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: <b>Robert Vincent</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/17/07 (352)502-1201 <small>Date Telephone #</small>		