
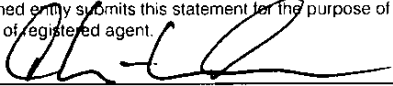


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000070924</b>						<b>FILED</b> 07 SEP 17 AM 9:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name <b>R.C. PAINTERS, INC.</b>							
Principal Place of Business <b>1887 W. 6TH STREET JACKSONVILLE, FL 32209</b>				Mailing Address <del>1887 W. 6TH STREET</del> <del>JACKSONVILLE, FL 32209</del>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1725 Oakhurst Ave</b> Suite, Apt. #, etc. <b>400</b>					
Suite, Apt. #, etc.		City & State <b>Jacksonville</b>		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HUNT, CLYDE F SR.</b> <b>1887 W. 6TH STREET</b> <b>JACKSONVILLE, FL 32209</b>				7. Name and Address of New Registered Agent Name <b>Prosperity Accounting &amp; Bus. Serv.</b> Street Address (H.O. Box Number is Not Acceptable) <b>1725 Oakhurst Ave</b> <b>#400</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32209</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  Signature, typed or printed name of registered agent and title if applicable.				DATE <b>9-14-07</b> (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUNT, CLYDE F SR. 1887 W. 6TH STREET JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Sylvia Wallace 3400 Townsend Blvd # 159 Jacksonville FL 32277 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SUMMERSET, ROBERT 1887 W. 6TH STREET JACKSONVILLE, FL 32209 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Atleen C. Hunt 1887 W. 6th St Jacksonville, FL 32209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HENRY, JACQUELYN 1887 W. 6TH STREET JACKSONVILLE, FL 32209 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	300110063029 09/28/07--01057--017 **158.75 <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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>Sept 14, 2007</b>			

m. 9/18