

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

08-08-2007 90068 037 ***150.00

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66021684



DOCUMENT # P06000075132

1. Entity Name
STATEWIDE PAINTING CONTRACTING INC



Principal Place of Business
**3803 SW 167 AVENUE
MIRAMAR, FL 33027 US**

Mailing Address
**3803 SW 167 AVENUE
MIRAMAR, FL 33027 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

07232007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4987828** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**MCCONNELL, KELLY
3803 SW 167 AVENUE
MIRAMAR, FL FL**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 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 MCCONNELL, KELLY 3803 SW 167 AVENUE MIRAMAR, FL 33027 <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 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: Kelly McConnell 7/30/07 954 494 3057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Kelly McConnell 8/28/07