

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90013 038 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P06000078393</b>   |   |   |   |   |  |
| <b>1. Entity Name</b><br>FRAIRES PAINTING INC  |   |   |   |   |  |
| <b>Principal Place of Business</b><br>213 SANTO THOMAS STREET<br>PANAMA CITY BEACH, FL 32413   |   |   | <b>Mailing Address</b><br>213 SANTO THOMAS STREET<br>PANAMA CITY BEACH, FL 32413  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |   | <b>3. Mailing Address</b>   |   |   |  |
| Suite, Apt. #, etc   |   | Suite, Apt. #, etc  |   |   |  |
| City & State   |   | City & State  |   |   |  |
| Zip  | Country   | Zip   | Country   | 02222007    Chg-P    CR2E034 (12/06)                              |  |
| <b>4. FEE Number</b><br>20-5052 263  |   |   |   | Applied For<br>Not Applicable                                     |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |   |   | <b>\$8.75 Additional Fee Required</b>                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>FRAIRE, HUMBERTO<br>213 SANTO THOMAS STREET<br>PANAMA CITY BEACH, FL 32413   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| <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</b>  |   |   |   |   |  |
| SIGNATURE: <u>Humberto Fraire S.</u> <u>Humberto Fraire S.</u> <u>03/09/07</u><br><small>(Signature, typed or printed name of registered agent and state is applicable)    (NOTE: Registered Agent signature required when reinstating)    DATE</small>  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |   | <b>9. Election Campaign Financing</b> <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<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | P<br>FRAIRE, HUMBERTO<br>213 SANTO THOMAS STREET<br>PANAMA CITY BEACH, FL 32413 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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</b> |   |   |   |   |  |
| SIGNATURE: <u>Humberto Fraire S.</u> <u>03/09/07</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    DATE    Daytime Phone #</small>   |   |   |   |   |  |