2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # P06000101004 1. Entity Name PAINTING & COATINGS INC. Principal Place of Business Mailing Address 21 E ACRE DR 21 E ACRE DR PLANTATION FL 33317 US PLANTATION FL 33317-2640 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-5444274 Not Applicable Ζφ Country Z:p Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FADGEN, JERRY Street Address (P.O. Box Number is Not Acceptable) 21 E ACRE DR PLANTATION FL 33317 City 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 Suporticle, typed or printed name of registered agent and the if amplicable (NOTE: Registered Ager Le pinnture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P/D TITLE ☐ Delete TITLE Change Addition NAME HARGREAVES, MIKE NAME STREET ADDRESS 21 E ACRE DR STREET ADDRESS U000000929816 05/21/08-80080-009 150.00 CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP VP/T TITLE ☐ Dalete ☐ Change TITLE ☐ Addition NAME HARGREAVES, MIKE STREET ADDRESS 21 E ACRE DR STREET ADDRESS PLANTATION FL 33317-2640 CITY-ST-712 CITY-ST-ZIP TITLE ☐ Daiete Change ☐ Addition HAME HARGREAVES, MIKE HAME STREET ADDRESS 21 E ACRE DR STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33317-2640** CITY-ST-ZIP 1111.6 ☐ De ete TITLE ☐ Change [ Addition NAME NAME STRELT ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STHEET ADDRESS CITY-S1-2IP CITY-S1-ZIF TITLE ☐ Derete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 another had 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 amowered 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.

Daythjo Phorre #