## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000114706

WERED HOME REPAIR & PAINTING COMPANY

FILED Dec 16, 2008 Secretary of State

Entity Name: ALL CC	OVERED HOME REPAIR & PAIN	ITING COMPANY		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1768 LIMBER PINE CC JACKSONVILLE, FL 3				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1768 LIMBER PINE CC JACKSONVILLE, FL 3				
FEI Number: 87-0781013	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
FORD, STEVEN D 1768 LIMBER PINE CC JACKSONVILLE, FL 3				
The above named entit in the State of Florida.	y submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electr	onic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P Name: FORD, STEV	()Delete /EN D	Title: Name:	( ) Change ( ) Addition	

1768 LIMBER PINE COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MATHIS, JOHN FORD, DENNY Name: Name: Address: 1910 RAYBEN DR Address: 3534 SMITHFIELD APT 1103 JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216 US City-St-Zip: City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition Name: JONES, RICKY Name: TURNER, WILLIAM Address: 2040 KUSAIE DR. Address: 1500 MONUMENT RD APT 107 JACKSONVILLE, FL 32246 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN FORD P 12/16/2008