


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90035 027 \*\*\*150.00

**DOCUMENT # P06000121855**

1. Entity Name  
**PAXTON'S CUSTOM PAINTING, INC.**



Principal Place of Business      Mailing Address  
**24557 REDFISH ST.**      **24557 REDFISH ST.**  
**BONITA SPRINGS, FL 34134**      **BONITA SPRINGS, FL 34134**

**40067318**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03212008      Chg-P      CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**

**MCARDLE, MICHAEL W ESQ.**  
**3033 RIVIERA DRIVE**  
**SUITE 201**  
**NAPLES, FL 34103**

**7. Name and Address of New Registered Agent**

Name **CHARLES PAXTON**

Street Address (P.O. Box Number is Not Acceptable)  
**24557 Redfish St.**

City **Bonita Springs,**      FL      Zip Code **34134**

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: *Charles Paxton (President)*      **Charles Paxton**      **4-9-08**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-issuing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>PAXTON, CHARLES</b> <b>24557 REDFISH ST.</b> <b>BONITA SPRINGS, FL 34134</b> <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
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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: *Charles A. Paxton (President)*      **Charles Paxton**      **4-9-08**      **(239)269-0851**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #