

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P06000129706**

1. Entity Name  
**ADVANCED TINT & DESIGN, INC.**



**FILED  
May 10, 2007 8:00 am  
Secretary of State**

05-10-2007 90020 014 \*\*\*150.00

**40109932**



05012007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5612262** Applied For  
Not Applicable

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

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

**MAYNOR, KERWIN D  
309 APPALOOSA COURT  
SANFORD, FL 32773**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  Delete  
NAME **MAYNOR, KERWIN D**  
STREET ADDRESS **309 APPALOOSA COURT**  
CITY-ST-ZIP **SANFORD, FL 32773**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Change  Addition  
TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Change  Addition  
TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Change  Addition  
TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS   
CITY-ST-ZIP

Change  Addition  
TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Change  Addition  
TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

*Kerwin Maynor* **4-30-07 321-578-0944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #