2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007753

Title:

Name:

Address:

City-St-Zip:

DIR

KEEL, PHILLIP

() Delete

11153 S.E. 40TH AVENUE

BELLEVIEW, FL 34420

Entity Name: DOC'S COMMERCIAL & RESIDENTIAL PAINTING, INC.

FILED May 08, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	. 40TH AVENUE W, FL 34420					
Current Mailing Address:			New Mailing Address:			
	. 40TH AVENUE W, FL 34420					
FEI Number	:	FEI Number Applied For (X)	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
13302 WIN SUITE A-1	NDING OAKS BL					
	named entity su e of Florida.	bmits this statement for the p	urpose of changing i	ts registere	d office or registered agent, or bo	
SIGNATU						
	Electronic	Signature of Registered Age	nt		Date	
		2)(b), F.S., the corporation did not rust Fund Contribution ().	receive the prior notic	e.		
	S AND DIRECTO	` ,	ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECT	
Title: Name: Address: City-St-Zip:	PRES () D KEEL, PHILLIP 11153 S.E. 40TH BELLEVIEW, FL	AVENUE	Title: Name: Address: City-St-Zip:		(X) Change () Addition MARK 40TH AVENUE V, FL 34420	
Title: Name: Address: City-St-Zip:	TRES () D SWISHER, MARK 11153 S.E. 40TH BELLEVIEW, FL	AVENUE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SECT () D KEEL, CHARLINE 11153 S.E. 40TH BELLEVIEW, FL	AVENUE	Title: Name: Address: City-St-Zip:		(X) Change () Addition RLENE 40TH AVENUE V. FL 34420	

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.

Title:

Name:

Address:

City-St-Zip:

SECR

KEEL, CHARLENE

11153 S.E. 40TH AVENUE

BELLEVIEW, FL 34420

(X) Change () Addition

SIGNATURE: CHARLENE KEEL VP 05/08/2008