

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019027

Entity Name: KEY PAINTING, INC.

FILED
Jul 02, 2008
Secretary of State

Current Principal Place of Business:

635 SOUTH WELLINGTON DRIVE
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

635 SOUTH WELLINGTON DRIVE
DELTONA, FL 32725

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEY, AMANDA
635 SOUTH WELLINGTON DRIVE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEY, DALE E
Address: 635 SOUTH WELLINGTON DRIVE
City-St-Zip: DELTONA, FL 32725 US

Title: VP () Delete
Name: KEY, AMANDA
Address: 635 SOUTH WELLINGTON DRIVE
City-St-Zip: DELTONA, FL 32725 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMANDA KEY

VP

07/02/2008

Electronic Signature of Signing Officer or Director

_____ Date