



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR -1 AM 11:10

DOCUMENT # P07000023810 1. Entity Name CHAMBERS PAINTING, PRESSURE WASHING, AND WOOD RESTORATION INC					
Principal Place of Business 2405 TOMMY AVENUE PALATKA, FL 32177 US				Mailing Address 2405 TOMMY AVENUE PALATKA, FL 32177 US	
2. Principal Place of Business - No P.O. Box # 1435 Hutchinson Ferry Rd Suite, Apt. #, etc. QUINCY FL City & State		3. Mailing Address 1435 Hutchinson Ferry Rd Suite, Apt. #, etc. QUINCY FL City & State			
Zip 32352		Country GASDEN		03312008 Chg-P CR2E034 (12/06)	
4. FEI Number 208559277		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMBERS, ANTHONY L 2405 TOMMY AVENUE PALATKA, FL 32177			7. Name and Address of New Registered Agent Name Anthony L. Chambers Street Address (P.O. Box Number is Not Acceptable) 1435 Hutchinson Ferry Rd QUINCY FL 32352 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 <u>Anthony L. Chambers</u> DATE <u>4/1/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRES CHAMBERS, ANTHONY L 2405 TOMMY AVENUE PALATKA, FL 32177 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1435 Hutchinson Ferry Rd Quincy FL 32352 800121776248 <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	04/01/08--01006--017 <input checked="" 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	
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: <u>Anthony L. Chambers</u> <u>4/1/08</u> (850) 627-8794 544-2451 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					