## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000097376

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

DUNNELLON, FL 34432

( ) Delete

FILED Mar 13, 2008 Secretary of State

Entity Nar	me: MATTHE	EW BERNES PAINTING INC.					
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:			
	191ST COURT ON, FL 34432						
Current M	lailing Addres	ss:	New Maili	New Mailing Address:			
	191ST COURT ON, FL 34432						
FEI Number:	26-0811523	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired	(X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
5270 SW 1 DUNNELL	JENNIFER L 191ST COURT ON, FL 34432	T 2 US submits this statement for the	purpose of changing i	its registered	office or registered agent o	ur hath	
	e of Florida.	submits this statement for the	e purpose or changing i	its registered (	onice or registered agent, c	n bour,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered A	gent		Date		
Election Car	npaign Financin	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P ( BERNES, MAT 5270 SW 1915 DUNNELLON,	ST COURT	Title: Name: Address: City-St-Zip:	P () BERNES, MAT 5270 SW 1919 DUNNELLON,	ST COURT		
Title: Name: Address: City-St-Zip:	VP ( BERNES, JENI 5270 SW 1915 DUNNELLON,	ST COURT	Title: Name: Address: City-St-Zip:	VP () LOWE, RUST 16319 SW 60 OCALA, FL 34	TH PLACE		
Title: Name: Address:	SEC ( DROUIN, QUEI 5270 SW 1915		Title: Name: Address:	SEC () DROUIN, QUE 5270 SW 1913			

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

DUNNELLON, FL 34432 US

BERNES, JENNIFER L

5270 SW 191ST COURT

DUNNELLON, FL 34432 US

( ) Change (X) Addition

**TRES** 

SIGNATURE: JENNIFER BERNES **TRES** 03/13/2008