## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # P07000126325** 04-21-2008 90060 023 \*\*\*150.00 B. GREENE PAINT COMPANY, INC. Principal Place of Business Mailing Address 5618 27TH STREET WEST 5618 27TH STREET WEST BRADENTON, FL 34207 BRADENTON, FL 34207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 CR2E034 (12/06) Chg-P City & State City & State Applied For 26-1475889 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENE, SUSAN DIANN Street Address (P.O. Box Number is Not Acceptable) 5618 27TH STREET WEST BRADENTON, FL 34207 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE Change ☐ Addition NAME GREENE, ROBERT C STREET ADDRESS 5618 27TH STREET WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34207 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME GREENE, SUSAN DIANN NAME STREET ADDRESS 5618 27TH STREET WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34207 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Channe THOMPSON, JAMES G NAME STREET ADDRESS 5618 27TH STREET WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34207 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Susan