

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000002192

1. Entity Name  
S AND H CUSTOM PAINTERS AND MAINTENANCE, INC.



Principal Place of Business

27 NE 16 AVE  
POMPANO BEACH, FL 33060 US

Mailing Address

27 NE 16 AVE  
POMPANO BEACH, FL 33060 US

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0379908

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HICKMAN, STEPHEN  
27 NE 16 AVE  
POMPANO BEACH, FL 33060-0727

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000933809  
05/23/08-80007-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HICKMAN, STEPHEN  
STREET ADDRESS 27 NE 18 AVE  
CITY-ST-ZIP POMPANO BEACH, FL 330606727

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: *Stephen Hickman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-27-08* *954/788-9548*  
Date Daytime Phone #

*STEPHEN HICKMAN*