2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000003401

1. Entity Name

KEN'S PAINTING & WALLPAPERING, INC.



FILED Jan 19, 2007 08:00 A Secretary of State

561-271-7540

Daytime Phone #

Principal Place of Business 8085 3RD PLACE SOUTH W PALM BEACH, FL 33411 Mailing Address

8085 3RD PLACE SOUTH W PALM BEACH, FL 33411



DO NOT WRITE IN THIS SPACE

01142007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 65-0381378
 Not Applicable

5. Certificate of Status Desired See Required Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

HALL, KENNETH 8085 3RD PLACE SOUTH W PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

	·		IN THIS SPACE		
8. The above	named entity submits this statement for the p	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
	ions of registered agent.				
CICNIATURE	and the second of the second o				
37. B.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signsture	required when reinstating)	DATE
FIL	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIRECT	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	D HALL, KENNETH 8085 3RD PLACE SOUTH W PALM BEACH, FL 33411				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BORG, DANIEL 8085 3RD PLACE SOUTH W PALM BEACH, FL 33411				U00000593642 01/22/07-80039-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, KAREN 8085 3RD PLACE SOUTH W PALM BEACH, FL 33411			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME • · · STREET ADDRESS, CITY-ST-ZIP	in the following state of the following state				₹.
HAME, C.C. MANESS CITY-ST-ZP	त र प्रतिक १८०० वस्तु इत्यादक इत्यासीम् १७३८ स्ट १९४८ - १६४८ -				
indicated	on this report or supplemental report is true a	and accurate and that my signat	urè shall ha	ve the same legal effe	9, Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if