

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90020 030 ***150.00

DOCUMENT # P93000022777 1. Entity Name TREVOR E. WILLIAMS CUSTOM PAINTING, INC.	
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Principal Place of Business 1800 N.W. 59TH AVENUE SUNRISE, FL 33313	Mailing Address 1800 N.W. 59TH AVENUE SUNRISE, FL 33313
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DO NOT WRITE IN THIS SPACE

40033311



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0398891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, TREVOR E 1800 N.W. 59TH AVENUE SUNRISE, FL 33313

**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.

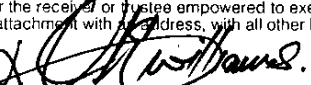
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMS, TREVOR E 1800 NW 59TH AVENUE SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WILLIAMS, KARLENE H 1800 NW 59TH AVENUE SUNRISE, FL 33313 DECEASED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 address, with all other like empowered.

SIGNATURE  **TREVOR E. WILLIAMS** 4/22/08 954-410-1350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #