2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # P93000055297 1. Entity Name POLLARD'S PAINTING INC.						04-27-2007	90195 025 ***15	0.00
Principal Place of Business 2817 JUNIPER DR. EDGEWATER, FL 32141		Mailing Address 2817 JUNIPER OR. EDGEWATER, FL 32141			4008		(46(5) 6(4) 5(1) 6 (4) 6 (4) 6 (4)	B(BB) IV (BB)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04162007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FE! Number 59-3083	854	h	pplied For ot Applicable	
Zip	Country	Zip	Country			Status Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	Nome		7. Name and A	ddress of New R	egistered Agent	
POLLARD, ROBERT F 2817 JUNIPER DRIVE				Name Street Address (P.O. Box Number is Not Acceptable)				
EDGEWATER, FL 32141							·/	
			City				FL Zip Coo	de
8. The above the obligat	e named entity submits this statement fi	or the purpose of changing its r	registered office	or register	ed agent, or both	, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE							***************************************	
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	: Registered Agent sig	nature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri			.00 May Be led to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	IS IN 11
TITLE NAME	P POLLARD, ROBERT F	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	2817 JUNIPER DR		STREET ADDRES	s				
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP					
TITLE NAME	S POLLARD, CHERYL	Delete	TITLE	IST				
STREET ADDRESS	1		NAME	12,1	land Ch	300 i	Z Change	Addition
	2817 JUNIPER DR		NAME STREET ADDRES	1981 1981	lard, Ch 7 Junio	neryl der Dr	Z Change	Addition
CITY-ST-ZIP	EDGEWATER, FL 32141		STREET ADDRESS CITY-ST-ZIP	Pol 381 Ed	lard, Ch 7 Junif gewater	neryl her Dr FL 3a	(4)	
CITY-ST-ZIP TITLE NAME	1	◯ Delete	STREET ADDRES	Pol 3 251 Ed	lard, Ch 7 Juni6 gewater	neryl er Dr FL 3a	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	EDGEWATER, FL 32141 T POLLARD, JACOB 2608 FERN PALM	⊠ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Pol 381 Ed	lard, Ch 7 Junif gewater	nergi der Or FL 3a	(4)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDGEWATER, FL 32141 T POLLARD, JACOB 2608 FERN PALM EDGEWATER, FL 32141		STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	Pol 381 Ed	lard, Ch 7 Junif gewater	neryl her Dr FL 32	(너) □ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	EDGEWATER, FL 32141 T POLLARD, JACOB 2608 FERN PALM EDGEWATER, FL 32141 VP POLLARD, RALPH JR	□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Pol 381 Ed	lard, Ch 7 Junif gewater	neryl er Dr FL 32	(4)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	EDGEWATER, FL 32141 T POLLARD, JACOB 2608 FERN PALM EDGEWATER, FL 32141 VP POLLARD, RALPH JR 380 SOUTH SHELL ROAD		STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRESS	Pol Pol Ed	lard, Ch 7 Junif gensater	neryl Dr FL 32	(너) □ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	EDGEWATER, FL 32141 T POLLARD, JACOB 2608 FERN PALM EDGEWATER, FL 32141 VP POLLARD, RALPH JR	☐ Delete	STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	Pol Pol Ed	lard, Ch 7 Junif gewa cte i	neryl Dr FL 32	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	EDGEWATER, FL 32141 T POLLARD, JACOB 2608 FERN PALM EDGEWATER, FL 32141 VP POLLARD, RALPH JR 380 SOUTH SHELL ROAD		STREET ADDRES CITY-ST-ZIP TITLE NAME	Pol 381 Ed	lard, Ch 7 Junif gensater	neryl er Dr FL 32	(너) □ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	EDGEWATER, FL 32141 T POLLARD, JACOB 2608 FERN PALM EDGEWATER, FL 32141 VP POLLARD, RALPH JR 380 SOUTH SHELL ROAD	☐ Delete	STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	Pol 381 Ed	lard, Ch 7 Junif gousater	neryl Dr EL 32	☐ Change	Addition
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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: Pollard's Painting Robert
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 Date

426.6469

Daytime Phone #