## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 14, 2008 8:00 am Secretary of State

DOCUMENT # P93000080582  1. Entity Name JAMIE COAT PAINTING CORPORATION							90010 029 ***1	50.00
Principal Place	e of Business	Mailing Address			4UIUI	114		
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13756 SHEFFIELD ST 13756 SHEFFIELD ST WEST PALM BEACH, FL 33414 US WELLINGTON, FL 33414 U			14 US					
WEST FACES DENOTE, TE 35414 05 WEELINGTON, TE 35414 0								
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Principal Place of Business - No P.O. Box #     3. Mailing Address				· · ·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112008	Chg-P	CR2E034 (12/06)	ŀ	
•				04112000				
City & State		City & State		4. FEI Number 65-0453		<b>⊢</b>	pplied For lot Applicable	
Zip Country		Zip Country					\$8.75 A	
,,			••••		5. Certificate of	of Status Desired	Fee Requir	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
			1	Name				
PEAT, DAVID				Street Address (P.O. Box Number is Not Acceptable)				
13756 SHEFFIED ST. WELLINGTON, FL 33414				direct Address (r. O. Box Humber is Not Acceptable)				
	•				`			
			C	City			FL Zip Cod	de
	named entity, submits this statement for ions of registered agent.	r the purpose of changing its	registered o	office or registe	red agent, or both	i, in the State of Flo	orida. I am familiar with	, and accept
	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agr	ent signature require	d 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 ded to Fees			•
10.		1						
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12. Hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that I am 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:

DAULD

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WET !

RES 4/10/1

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