


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90081 043 ***150.00

DOCUMENT # P94000060323	
1. Entity Name BRIAN MCNALLY PAINTING AND RESTORATION, INC.	

Principal Place of Business 1099 HEMPLE AVENUE GOTHA, FL 34734	Mailing Address 1099 HEMPLE AVENUE GOTHA, FL 34734
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2. Principal Place of Business - No P.O. Box # 1331 GREEN FOREST CT	3. Mailing Address P.O. Box 938
Suite, Apt. #, etc. # 7	Suite, Apt. #, etc.
City & State WINTER GARDEN, FL	City & State GOTHA, FL
Zip 34787	Zip 34734
Country	Country



01162007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3270785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCNALLY, BRIAN 1099 HEMPLE AVE GOTHA, FL 34734
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1331 GREEN FOREST CT UNIT # 7 City WINTER GARDEN FL Zip Code 34734

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  DATE

FILE NOW!!! FEE IS \$150.00
After May-1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNALLY, BRIAN 1099 HEMPLE RD GOTHA, FL 34734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1331 GREEN FOREST CT #7 WINTER GARDEN, FL 34734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 