## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000025929

Title:

Name:

Address:

City-St-Zip:

ntity Name: BEST OF ORLANDO PAINTING & STLICCO INC

( ) Delete

434 BELHAVEN FALLS DRIVE

BAUGH, AUDREY

OCOEE, FL 34761 US

FILED Jan 04, 2008 Secretary of State

Entity Nam	ie: BESTOF	DRLANDO PAINTING & STUC	CO INC.				
Current Principal Place of Business:			ı	New Principal Place of Business:			
434 BELHA OCOEE, FL	VEN FALLS DI . 34761 US	RIVE					
Current Mailing Address:				New Mailing Address:			
434 BELHA OCOEE, FL	VEN FALLS DI . 34761 US	RIVE					
FEI Number:	59-3364872	FEI Number Applied For ( )	FEI Numb	oer Not Applie	cable ( )	Certificate of	Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HUSSAIN, CHRISTINA 3000 S. CLARCONA RD. #763 APOPKA, FL 32703 US				HUSSAIN, CHRISTINA 3000 S. CLARCONA RD. #833 APOPKA, FL 32703 US			
The above in the State		ıbmits this statement for the pu	rpose of	changing its	s registere	d office or registe	ered agent, or both,
SIGNATURE:				01/04/2008			
	Electronic	Signature of Registered Agen	nt			Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () E BAUGH, GARY J 434 BELHAVEN F OCOEE, FL 347	FALLS DR	1 4	Fitle: Name: Address: City-St-Zip:		() Change () Add	dition
Title: Name: Address: City-St-Zip:	V ()E BAUGH, JERRY 4521 OLD CARR OVIEDO, FL 327		N 4	Fitle: Name: Address: City-St-Zip:	V BAUGH, JEI 434 BELHA' OCOEE, FL	VEN FALLS DR	dition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GARY BAUGH, JR. P 01/04/2008

() Change () Addition