

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90048 032 ***150.00

DOCUMENT # P96000026426

1. Entity Name
COLORMAKER, INC.



40041033

Principal Place of Business
**970 SUNSHINE LANE
SUITE E
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**970 SUNSHINE LANE
SUITE E
ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business - No P.O. Box #
980 SUNSHINE LANE
Suite, Apt. #, etc.
SUITE T

3. Mailing Address
980 SUNSHINE LANE
Suite, Apt. #, etc.
SUITE T

02122008 Chg-P CR2E034 (12/06)

City & State
ALTAMONTE SPRINGS, FL
Zip
32714 Country

City & State
ALTAMONTE SPRINGS, FL
Zip
32714 Country

4. FEI Number
59-3440037 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

**MABIE, JERRY
970 SUNSHINE LANE
SUITE E
ALTAMONTE SPRINGS, FL 32714**

Name
JERRY MABIE

Street Address (P.O. Box Number is Not Acceptable)
980 SUNSHINE LANE

SUITE T

City
ALTAMONTE SPRINGS **FL** Zip Code
32714

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
MABIE, JERRY
STREET ADDRESS
970 SUNSHINE LANE, STE. E
CITY-ST-ZIP
ALTAMONTE SPRINGS, FL 32714

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
980 SUNSHINE LANE, STE. T

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08 407842-3363

Date

Daytime Phone #