2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000044569

1. Entity Name LARRY ESPOSITO PAINTING, INC.

Principal Place of Business Mailing Address

POST OFFICE BOX 512044 POST OFFICE BOX 512044 PUNTA GORDA, FL 33951-2044 PUNTA GORDA, FL 33951-2044

FILED Mar 05, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

| 02272008 No Chg- | P CR2 | 2E034 (11/05) | |
|-------------------------------|-------|-----------------------------------|--|
| 4. FEI Number | | Applied For | |
| 65-0669190 | | Not Applicable | |
| 5. Certificate of Status Desi | red 🗆 | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

ESPOSITO, DAISY M 495 RAVENSWOOD BLVD PORT CHARLOTTE, FL 33930

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plans of registered agent. | ourpose of changing its regis | istered office or re | egistered agent, or bo | oth, in the State of Florida. I am familia | with, and accept | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------|--------------------------------|------------------------------------------------|------------------|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and title | f applicable (NOTE: Reg. | jistered Agent signature | required when reinstating) | DATE | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign F Trust Fund Contributi . | ~ — | \$5.00 May Be Added to Fees | U000000473000 | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT P ESPOSITO, DAISY M 495 RAVENSWOOD BLVD PORT CHARLOTTE, FL 33930 | CTORS | | | ' 000000847998 03/19/08-80040-02 | 4 150.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V ESPOSITO, LARRY 495 RAVENSWOOD BLVD PORT CHARLOTTE, FL 33930 | | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST-ZIP | | | , | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN : | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TIFLE NAME STREET ADDRESS CITY-SI-ZIP | | No. N | | • | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information | | | | | | | |