



**FILED**

**Jan 29, 2007 08:00 AM**  
**Secretary of State**

|  |                                   |   |         |  |  |
|--|-----------------------------------|---|---------|--|--|
| <b>DOCUMENT # P96000048354</b>   |                                   |  |         | <b>Jan 29, 2007 08:00 AM</b>   |  |
| 1. Entity Name<br><b>TRI-STATE PAINTING, INC.</b>  |                                   |   |         | <b>Secretary of State</b>  |  |
| Principal Place of Business<br><b>1712 D MARY'S CT.<br/>TALLAHASSEE FL 32308</b>   |                                   | Mailing Address<br><b>1712 D MARY'S CT.<br/>TALLAHASSEE FL 32308</b>              |         |                                 |  |
| 2. Principal Place of Business - No P.O. Box #   |                                   | 3. Mailing Address  |         | 1st MOORE CR2E034 (10/06)  |  |
| Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc.   |         | 4. FEI Number <b>59-3382753</b>  |  |
| City & State   |                                   | City & State  |         | Applied For<br>Not Applicable  |  |
| Zip  | Country                           | Zip   | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| 6. Name and Address of Current Registered Agent<br><b>MIXON, JOHNNY D<br/>1712 D MARY'S CT.<br/>TALLAHASSEE FL 32308</b>   |                                   |   |         | 7. Name and Address of New Registered Agent  |  |
|  |                                   |   |         | Name   |  |
|  |                                   |   |         | Street Address (P.O. Box Number is Not Acceptable)   |  |
|  |                                   |   |         | City   |  |
|  |                                   |   |         | <b>FL</b> Zip Code   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)   |                                   |   |         |  |  |
| DATE _____   |                                   |   |         |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee Will Be \$550.00<br/>Make Check Payable to Florida Department of State</b>  |                                   |   |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May 2 Added to Fees</b> |  |
| 10. OFFICERS AND DIRECTORS   |                                   |   |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE  | D <input type="checkbox"/> Delete |   |         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME   | MIXON, JOHNNY D                   |   |         | NAME   |  |
| STREET ADDRESS   | 1712 D MARY'S CT.                 |   |         | STREET ADDRESS   | U000000609468  |
| CITY ST ZIP  | TALLAHASSEE FL 32308              |   |         | CITY ST ZIP  | 02/01/07-80052-003 150.00                                    |
| TITLE  | <input type="checkbox"/> Delete   |   |         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME   |                                   |   |         | NAME   |  |
| STREET ADDRESS   |                                   |   |         | STREET ADDRESS   |  |
| CITY ST ZIP  |                                   |   |         | CITY ST ZIP  |  |
| TITLE  | <input type="checkbox"/> Delete   |   |         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME   |                                   |   |         | NAME   |  |
| STREET ADDRESS   |                                   |   |         | STREET ADDRESS   |  |
| CITY ST ZIP  |                                   |   |         | CITY ST ZIP  |  |
| TITLE  | <input type="checkbox"/> Delete   |   |         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME   |                                   |   |         | NAME   |  |
| STREET ADDRESS   |                                   |   |         | STREET ADDRESS   |  |
| CITY ST ZIP  |                                   |   |         | CITY ST ZIP  |  |
| TITLE  | <input type="checkbox"/> Delete   |   |         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME   |                                   |   |         | NAME   |  |
| STREET ADDRESS   |                                   |   |         | STREET ADDRESS   |  |
| CITY ST ZIP  |                                   |   |         | CITY ST ZIP  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Johnny D. Mixon - Johnny D. Mixon</b>  |                                   |   |         | 1-26-07 850-933-865  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                   |   |         | Date Daytime Phone #   |  |