ANNUAL REPORT (AR)

**SIGNATURE:** 

## DOCUMENT # P96000086125 **FILED** Feb 26, 2007 08:00 AM PALM PAINTING & WATERPROOFING COMPANY, INC. **Secretary of State** Principal Place of Business Mailing Address 620 N. 56TH AVE. 620 N. 56TH AVE. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. otc 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 65-0706606 Not Applicable Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KILPATRICK, JOHN Street Address (P.O. Box Number is Not Acceptable) 620 N. 56TH AVE. HOLLYWOOD FL 33021 Zip Code City 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 / applicable. DATE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. MILE ☐ Delete III Change HHOURIE 46366 KILPATRICK, JOHN NAME NAME Q4/06/07-80059-018 **1**50.00 620 N. 56TH AVE. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY ST ZIP CITY - ST - 71P ☐ Addibica IIII ☐ Delete ☐ Change NAME NAME SHIELD ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE THE NAM NAM STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY - ST - ZIP ☐ Delete ☐ Change ATTE IIIU NAME NAME STREET ADDRESS STREET ADORESS CITY ST ZIP CITY ST-7IP T Addison Delete ☐ Change MILE HILL NAME STREET ADDRESS SIRFE LADDRESS CITY ST-71P CITY - ST - ZIP □ A.1.111. Change ☐ Delete ME IIILE NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-7IP CITY - ST - 7/P 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 if true and argurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee employees 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 employees.