

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90009 036 ***150.00

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1. Entity Name

EDDIE ROBERTS PAINTING OF GAINESVILLE, INC.



Principal Place of Business
5400 NW 39 AVE V186
GAINESVILLE, FL 32606

Mailing Address
5400 NW 39 AVE V186
GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3056922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, EDDIE
5400 NW 39 AVE V186
GAINESVILLE, FL 32606

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IN THIS SPACE**

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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ROBERTS, EDDIE
STREET ADDRESS 2900 N.W. 42ND PLACE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE VP
NAME CONRAD, ANTHONY
STREET ADDRESS PO BOX 3099
CITY-ST-ZIP HIGH SPRINGS, FL 32655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Eddie Roberts Eddie Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/08

Date

352-222-0240

Daytime Phone #