

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000094717**

1. Entity Name  
**CARDINAL PAINTING SERVICES, INC.**



Principal Place of Business  
**690 CO RD 485A**  
**LAKE PANASOFFKEE, FL 33538**

Mailing Address  
**690 CO RD 485A**  
**LAKE PANASOFFKEE, FL 33538**



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3543054** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MARAMAN, DENNIS A**  
**690 COUNTY RD 485A**  
**P. O. BOX 1386**  
**LAKE PANASOFFKEE, FL 33548**

**DO NOT WRITE 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**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000785225  
 01/16/08-80088-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MARAMAN, DENNIS A
STREET ADDRESS	690 CR 485 A
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	TD
NAME	MARAMAN, TERRY L
STREET ADDRESS	P.O. BOX 1409
CITY-ST-ZIP	LUTZ, FL 335481409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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 or other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-08

Date

352-568-8779

Daytime Phone #