

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100068

FILED
Feb 15, 2007
Secretary of State

Entity Name: WAYNE DEESE PAINTING, INC.

Current Principal Place of Business:

PAINTINA MOBILE
JACKSONVILLE, FL

New Principal Place of Business:

6906 JOHN ROWE ROAD
MACCLENNY, FL 32063 US

Current Mailing Address:

6906 JOHN ROWE ROAD
MACCLENNY, FL 32063

New Mailing Address:

6906 JOHN ROWE ROAD
MACCLENNY, FL 32063 US

FEI Number: 59-3541957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEESE, DONALD W
6906 JOHN ROWE ROAD
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DEESE, DONALD W
Address: 6906 JOHN ROWE ROAD
City-St-Zip: MACCLENNY, FL 32063

Title: VSD () Delete
Name: DEESE, DORIS
Address: 6906 JOHN ROWE ROAD
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD W DEESE

PTD

02/15/2007

Electronic Signature of Signing Officer or Director

_____ Date