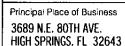
2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000001204\

1. Entity Name

THE RIGHT TOUCH PAINTING, INC.





FILED Feb 19, 2007 08:00 Al Secretary of State

Mailing Address

3689 N.E. 80TH AVE. HIGH SPRINGS, FL 32643



DO NOT WRITE IN THIS SPACE

02012007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3550808

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENHALE, JACK 3689 N.E. 80TH AVE. HIGH SPRINGS, FL 32643

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			1		•
	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	red office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_		MOTE Province			DATE
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, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS		TORS			
TITLE	Р				•
NAME	PENHALE, JACK				•
STREET ADDRESS	3689 NE 80TH AVE				<u>.</u>
CITY-ST-ZIP	HIGH SPRINGS, FL 32643				U00000640252
TITLE	V				02/28/07-80058-016 150.00
NAME	PENHALE, SUSAN F				
STREET ADDRESS	3689 NE 80TH AVE.				
CITY-ST-ZIP	HIGH SPRINGS, FL 32643				

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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 air address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP