

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000001204

1. Entity Name
THE RIGHT TOUCH PAINTING, INC.



Principal Place of Business
3689 N.E. 80TH AVE.
HIGH SPRINGS, FL 32643

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

DO NOT WRITE IN THIS SPACE

FILED
Jul 14, 2008 08:00 AM
Secretary of State



05082008 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

**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 \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PENHALE, JACK
STREET ADDRESS	3689 NE 80TH AVE
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	V
NAME	PENHALE, SUSAN F
STREET ADDRESS	3689 NE 80TH AVE.
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954728
07/14/08-80013-013 550.00

**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 all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 June 08 352-258-4111

Date

Daytime Phone #