

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90026 025 ***150.00

DOCUMENT # P99000001354 1. Entity Name FIRESTINE'S PAINTING, INC.			
Principal Place of Business 388 E PONKAN ROAD APOPKA, FL 32712		Mailing Address 388 E PONKAN ROAD APOPKA, FL 32712	
2. Principal Place of Business - No. P.O. Box # 15650 N.W. 40TH AVE.		3. Mailing Address P.O. 1760	
Suite, Apt. #, etc. TRENTON		Suite, Apt. #, etc. 	
City & State TRENTON FL.		City & State CHIEFLAND FL.	
Zip 32693		Zip 32641	
Country Levy		Country Levy	
4. FEI Number 59-3556563		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIRESTINE, JOHN SR 388 E PONKAN ROAD APOPKA, FL 32712		7. Name and Address of New Registered Agent Name JOHN M. FIRESTINE SR. Street Address (P.O. Box Number is Not Acceptable) 15650 N.W. 40TH AVE. City TRENTON FL Zip Code 32693	
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			
(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FIRESTINE, JOHN SR 388 E PONKAN ROAD APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. JOHN M. FIRESTINE SR. 15650 N.W. 40TH AVE. TRENTON FL. 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIRESTINE, JOHN JR 15251 NW 71ST TERRACE CHIEFLAND, FL 32626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		1-30-08 407-832-5840	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	