

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90164 045 \*\*\*150.00

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01152008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P99000010542</b> 1. Entity Name <b>I &amp; N PAINTING, INC.</b>					
Principal Place of Business <b>1516 HINTON ST.</b> <b>PT. CHARLOTTE, FL 33952</b>			Mailing Address <b>1516 HINTON ST.</b> <b>PT. CHARLOTTE, FL 33952</b>		
2. Principal Place of Business - No P.O. Box # <b>23275 Adela Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>23275 Adela Ave</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0896289</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For  <input type="checkbox"/> Not Applicable         </div>	
City & State <b>Port Charlotte FL</b> Zip <b>33952</b>		City & State <b>Port Charlotte FL</b> Zip <b>33952</b>			
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TEXTUS, IAN R</b> <b>1516 HINTON ST.</b> <b>PT. CHARLOTTE, FL 33952</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>23275 Adela Ave</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33952</b>	
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) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEXTUS, IAN <del>1516 HINTON ST.</del> <del>PT. CHARLOTTE, FL 33952</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>23275 Adela Ave</b> <b>Port Charlotte FL 33952</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TEXTUS, SONIA <del>1516 HINTON ST.</del> <del>PT. CHARLOTTE, FL 33952</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>23275 Adela Ave</b> <b>Port Charlotte FL 33952</b>	
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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: <u><i>Ian Textus</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/15/08 (941) 743-5054 <small>Date Daytime Phone #</small>		