2007 FOR PROFIT CORPORATION

Jan 08, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P99000019963** 01-08-2007 90240 042 ***150.00 CHUCK'S PAINTING & COATING INC Principal Place of Business Mailing Address 7628 E DERBY OAKS DR 60000433 7628 E DERBY OAKS DR FLORAL CITY, FL 34436 FLORAL CITY, FL 34436 2. Principal Place of Business - No PO Box # 3. Mailing Address 7652 E. DERBY DAKS DR 7652 E. DERBY CAKS Chg-P 01042007 CR2E034 (12/06) Applied For City & State City & State 4 FELNumber 59-3563115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mamo ANDRES, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 7652 E. DERBY OAKS DR 7628 E DERBY OAKS DR FLORAL CITY, FL 34436 Zip Code FL 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 printing name of registered agent and attent applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Add:tion ANDRES, CHARLES E NAME NAME 7652E.DERBY OAKS DK STREET ADDRESS 7628 E DERBY OAKS DR STREET ADDRESS CITY-ST-ZIP FLORAL CITY, FL 34436 CITY-ST-ZIP Change □ Delete TITLE Addition ANDRES, MARY F NAMÉ NAME STREET ADDRESS 7628 E DERBY OAKS DR STREET ADDRESS 7652 E. DERBY CAKS DR CITY-SI-ZIP CITY-ST-ZIP FLORAL CITY, FL 34436 Delete TITLE ☐ Change . ☐ Addition HHE OPSAHL, TERRENCE A NAME STREET ADDRESS 9291 S. BREEN TRAIL STREET ADDRESS CITY - ST - ZIP HOMOSASSA, FL 34446 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CHY-ST-ZIP

STREET ADDRESS CHY-ST-7IP

NAME

Mary J. andred, MARY F. ANDRES V.P. 1-4-07 352-637-0304

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FILED

Change

Addition