2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000021695

1. Entity Name

BEST PAINTING AND WATERPROOFING, INC.



FILED Apr 17, 2008 08:00 Al Secretary of State

Principal Place of Business

1201 76TH ST. NO. ST.PETERSBURG, FL 33710 Mailing Address

1201 76TH ST. NO. ST.PETERSBURG, FL 33710



DO NOT WRITE IN THIS SPACE

04132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3560320

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURROWS, DAVID W JR. 1201 76TH ST. NO. ST.PETERSBURG, FL 33710

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its re	gistered off	ice or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: F	Registered Agen	i signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaigr Trust Fund Contrib			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				U00000902554
NAME STREET ADDRESS CITY-ST-ZIP	D BURROWS, DAVID W JR. 1201 76TH ST. NO. ST.PETERSBURG, FL 33710			04/30/08-80010-019 150.00		
NAME STREET ADDRESS CITY-ST-ZIP	ST.PETERSBURG, FL 33710 VP BURROWS, SHAWN 1201 76TH ST. NO. ST.PETERSBURG, FL 33710 T BURROWS, JEREMY					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	S BURROWS, JUSTIN 1201 76TH ST NO ST. PETERSBURG, FL 33710					
TITLE NAME						

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:

STREET ADDRESS City-St-Zip

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

127.343.1451

Daytime Phone #