## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000021850

1. Entity Name

W W PAINTING OF CENTRAL FLORIDA, INC.



## FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90166 023 \*\*\*150.00

Principal Plac								
	e of Business	Mailing Address						
3 <del>062 W. SOCRUM LP RD</del> LAKELAND, FL. 33810		P.O. BOX 1111 Kathleen, Fl 33849-1111						
Lake	Lake Deeson u Land, Fi 3380	<u>5</u>						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062007	Chg-P	CR2E034 (	12/06)	
City & State		City & State		4. FEI Number 59-3563			$\vdash$	oplied Fo
Zip	Country	Zip	Country	5. Certificate o	f Status Desired		75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Re		•	
)4/41 KED	OLDITAL.		Name					
WALKER, CLINT W   3062 W. SOCRUM LP RD   LAKELAND, FL 33810			Street Addres	s (P.O. Box Number	is Not Acceptable)	)		
LAKELANI 	D, FL 33810							
			City			FL	Zip Cod	e
The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent.			gistered office or regis	tered agent, or both	, in the State of Flor	rida. I am famil	iar with,	and acc
	•							
SIGNATURE_	Signature, typed or printed name of registered agent a	and title it applicable. (NOTE: R	legistered Agent signature requ	ired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib	· · · · ·	55.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFI	CERS AND DIR	ECTOR	S IN 11
TITLE	VP	☐ Delete	TITLE				Сћапде	☐ Ad
NAME	WALKER, CLINT							
	P O ROY 1111		NAME					
STREET ADDRESS City-St-Zip	P O BOX 1111 LAKELAND, FL 338491111					u		
		□ Delete	NAME STREET ADDRESS				Change	Ad
CITY-ST-ZIP TITLE NAME	LAKELAND, FL 338491111 T O'SULLIVAN, BOBBY	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				Change	☐ Ad
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	T O'SULLIVAN, BOBBY PO BOX 1111	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS				Change	Ad
CITY-ST-ZIP TITLE NAME	LAKELAND, FL 338491111 T O'SULLIVAN, BOBBY		NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP					
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	LAKELAND, FL 338491111 T O'SULLIVAN, BOBBY PO BOX 1111 KATHLEEN, FL 338491111 S WALKER, VICTORIA	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS				Change Change	Ad
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	LAKELAND, FL 338491111 T O'SULLIVAN, BOBBY PO BOX 1111 KATHLEEN, FL 338491111 S WALKER, VICTORIA PO BOX 1111		NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	-				
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	T O'SULLIVAN, BOBBY PO BOX 1111 KATHLEEN, FL 338491111 S WALKER, VICTORIA PO BOX 1111 KATHLEEN, FL 338491111	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Ad
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	LAKELAND, FL 338491111 T O'SULLIVAN, BOBBY PO BOX 1111 KATHLEEN, FL 338491111 S WALKER, VICTORIA PO BOX 1111		NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS					
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	T O'SULLIVAN, BOBBY PO BOX 1111 KATHLEEN, FL 338491111 S WALKER, VICTORIA PO BOX 1111 KATHLEEN, FL 338491111 P	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE				Change	☐ Ad
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME	T O'SULLIVAN, BOBBY PO BOX 1111 KATHLEEN, FL 338491111 S WALKER, VICTORIA PO BOX 1111 KATHLEEN, FL 338491111 P WALKER, CLINT W	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME				Change	☐ Ad
CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	LAKELAND, FL 338491111 T O'SULLIVAN, BOBBY PO BOX 1111 KATHLEEN, FL 338491111 S WALKER, VICTORIA PO BOX 1111 KATHLEEN, FL 338491111 P WALKER, CLINT W PO BOX 1111	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP  TITLE				Change	☐ Ad
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	LAKELAND, FL 338491111 T O'SULLIVAN, BOBBY PO BOX 1111 KATHLEEN, FL 338491111 S WALKER, VICTORIA PO BOX 1111 KATHLEEN, FL 338491111 P WALKER, CLINT W PO BOX 1111	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME				Change Change	Ad
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	LAKELAND, FL 338491111 T O'SULLIVAN, BOBBY PO BOX 1111 KATHLEEN, FL 338491111 S WALKER, VICTORIA PO BOX 1111 KATHLEEN, FL 338491111 P WALKER, CLINT W PO BOX 1111	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP  TITLE				Change Change	Ad
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS CITY-SI-ZIP  TITLE  NAME STREET ADDRESS CITY-SI-ZIP  TITLE  NAME STREET ADDRESS CITY-SI-ZIP  TITLE  NAME STREET ADDRESS CITY-SI-ZIP  TITLE  NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	LAKELAND, FL 338491111 T O'SULLIVAN, BOBBY PO BOX 1111 KATHLEEN, FL 338491111 S WALKER, VICTORIA PO BOX 1111 KATHLEEN, FL 338491111 P WALKER, CLINT W PO BOX 1111	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Change	Ad
CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	LAKELAND, FL 338491111 T O'SULLIVAN, BOBBY PO BOX 1111 KATHLEEN, FL 338491111 S WALKER, VICTORIA PO BOX 1111 KATHLEEN, FL 338491111 P WALKER, CLINT W PO BOX 1111	Delete Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Change	Ad

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 informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

Vintoria Kulanus

4/1/12