2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachme

SIGNATURE:

Aug 07, 2007 8:00 am Secretary of State DOCUMENT # P99000030244 08-07-2007 90028 029 ***150.00 WOOSTER PAINT CO., INC. Principal Place of Business Mailing Address 5050 ECLIPSE COURT 5050 ECLIPSE COURT NAPLES FL 34104 NAPLES FL 34104 2nd MOORE CR2E034 (4/07) 4. FEI Number Applied For 59-3564487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Ager 7. Name and Address of New Registered Agent Name WOOSTER, WINTHROP C Street Address (P.O. Box Number is Not Acceptable) 5050 ECLIPSE COURT NAPLES FL 34104 City 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. (NOTE Hegisterert Agent signalure required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete HILE TITLE Change Addition WOOSTER, WINTHROP C NAME NAME 5050 ECLIPSE COURT Sai Cape ThinA LW. STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL 34104 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FICER OR DIRECTOR

FILED

7/31/07

To Div. of Coip. ATTACHMENT HO128472

I never received this Form Last Spring Due To Change of address.

Enclosed is pryment For the 150.00 Theuks For Your help in this matter.

Sincevely Win Wroster