2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2008 8:00 am
Secretary of State
08-26-2008 90001 044 ***150.00

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1. Entity Name
NEW CONCEPT INC. PAINTING SERVICE

04042008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
11394 TANAGER DR SOUTH JACKSONVILLE, FL 32225	10079 E DESERT GORGE DR TUCSON, AZ 85747

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	11394 Tanager Dr S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Jacksonville FL
Zip / Country	Zip: 32225 / Country: USA

4. FEI Number: 59-3572687 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, GUSTAVO E 11394 TANAGER DR SOUTH JACKSONVILLE, FL 32225	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVT PEREZ, GUSTAVO E 10079 E DESERT GORGE DR TUCSON, AZ 85747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11394 Tanager Dr South Jacksonville FL 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PEREZ, ELSA C 10079 E DESERT GORGE DR TUCSON, AZ 85747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] GUSTAVO PEREZ 08-25-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #