


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000093557	
1. Entity Name THE PAINT DOCTORS, PAINTING SERVICES INC.	

Principal Place of Business 1631 JACKSON ST TALLAHASSEE, FL 32303	Mailing Address 1631 JACKSON ST TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
2008 APR 30 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent GROSS, SHAWN 1631 JACKSON ST TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GROSS, SHAWN 1631 JACKSON ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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700129224917
05/13/08--01036--010 ☐ Change ☐ Addition
\$150.00

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:  4-30-08 850-567-1855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #