2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000097040

1. Entity Name

PASCO PAINTER'S SUPPLY, INC.



Principal Place of Business

Mailing Address

7435 BANNER ST.

7435 BANNER ST. **NEW PORT RICHEY, FL 34653**

NEW PORT RICHEY, FL 34653

FILED Apr 28, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3605118 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBER, WILLIAM N 7435 BANNER ST. NEW PORT RICHEY, FL 34653

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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.

10.

CITY-ST-78P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOWIII 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

U00000925700 95/20/98-80938-994 150.00

TITLE WEBER, WILLIAM N NAME STREET ADDRESS 7435 BANNER ST. CITY-ST-ZIP NEW PORT RICHEY, FL 34653 TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

OFFICERS AND DIRECTORS

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

tresident

Daytime Phone I