



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # S07198	
1. Entity Name L.J. LEWIS PAINTING, INC.	

Principal Place of Business 6004 38TH AVE. E BRADENTON, FL 34208 US	Mailing Address 6004 38TH AVE. E BRADENTON, FL 34208 US
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DO NOT WRITE IN THIS SPACE

	
04142008 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0223423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAFF, GARY 6004 38TH AVE. E BRADENTON, FL 34208
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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	05/13/08-80092-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAFF, GARY 6004 38TH AVE. E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAFF, CALLIE 6004 38TH AVE. E BRADENTON, FL 34208
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Callie Saff* **4-22-08** **941-749-0519**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #