## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 07, 2007 8:00 am **Secretary of State** DOCUMENT # \$30293 1. Entity Name 02-07-2007 90048 044 \*\*\*150.00 THE PAINT COMPANY, INC. Mailing Address Principal Place of Business 5661 GREY FOX RUN FT. MYERS FL 33912 US PO BOX 383 SANIBEL FL 33957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 65-0241341 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOJNAR, LEONARD M. 5661 GREY FOX RUN Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33912 City 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 little if applicable. (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ■ Addition THLE ☐ Defete 10111 Change WOJNAR, LEONARD M. NAME 5661 GREY FOX RUN STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY - ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete IIILE TITLE WOJNAR, KAREN L. NAME NAME 5661 GREY FOX RUN S(REE) ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY ST-ZIP CHY SE ZIP ☐ Delete THE ☐ Addition Destoppelaine Raymord 1345 Vespen Drive Fort Myens F1 33901 DESTOPPELAIRE, RAYMOND NAME NAME 1345 JESPER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33901 CITY - ST- ZIP ☐ Addition ☐ Delete HITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE MARAF NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition TIFLE ☐ Change ☐ Defete HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 7

**FILED**