2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

Feb 06, 2007 8:00 am Secretary of State DOCUMENT # S42794 02-06-2007 90007 020 ***150.00 1. Entity Name LEBLANC PAINTING, INC. Principal Place of Business Mailing Address 1701 W. BURKE ST. 1701 W. BURKE ST. 40009904 TAMPA, FL 33604 TAMPA, FL 33604 US US Mailing Address 2. Principal Place of Business - No P.O. Box # 2350 Crump Suite, Apt. #, etc. Suite, Apt. #, etc. 01262007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Winter Haven 59-3066248 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name lanc LEBLANC, ANDRE O. Box Number is Not A 3023 W. PATTERSON ST. TAMPA, FL 33614 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Defete 🕱 Change ☐ Addition TITLE TITLE LeBlanc, Andre LEBLANC, ANDRE NAME NAME 2350 Crump Road STREET ADDRESS 17310 N DARBY ROAD STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP winter Haven STD ☐ Addition TITLE ☐ Delete TITLE NAME LEBLANC, LORI Le Blanc, Lori 2350 Crump Road STREET ADDRESS 17310 N DARBY RD STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY - ST - ZIP Winter Haven Addition MILE Delete DITLE Change DUNCAN, LUTHER NAME NAME STREET ADDRESS 2107 E ELLIOTT AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33610 CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

FILED

Daytime Phone #