## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # S83947** 

1. Entity Name SPW PAINTING & WALLCOVERING INC.



FILED
Apr 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

11005 KEWANEE DRIVE TEMPLE TERRACE, FL 33617 Mailing Address

P O BOX 16826

TEMPLE TERRACE, FL 33617



DO NOT WRITE IN THIS SPACE

04112007	No Chg-P	CR2E034 (11	11/05)	
4. FEI Number			Applied For	
59-3086439		_[	Not Applicab	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPREHE, BRAD 11005 KEWANEE TEMPLE TERRACE, FL 33617

## DO NOT WRITE IN THIS SPACE

				•	
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. Fam familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	_	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPREHE, BRAD 11005 KEWANEE TEMPLE TERRACE, FL				U00000713334 04/26/07-80085-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
19 Iberebur	cortifue that the information euraplied with this fil	ing dose not qualify for the ever	motions co	ntained in Chapter 11	9 Florida Statutes I further certify that the information

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 further certary 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:

9-/5-0-/