


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90055 009 ***150.00

DOCUMENT # V02643 1. Entity Name MIRACLE PAINT CENTERS, INC.			
Principal Place of Business 403 E. 11TH STREET PANAMA CITY, FL 32401		Mailing Address 403 E. 11TH STREET PANAMA CITY, FL 32401	
2. Principal Place of Business - No P.O. Box # 3115 Hwy 77 Suite, Apt. #, etc.		3. Mailing Address 3115 Hwy 77 Suite, Apt. #, etc.	
City & State Panama City, FL Zip 32405 Country USA		City & State Panama City, FL Zip 32405 Country USA	
4. FEI Number 59-3098368		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCHANAN, JAMES TIMOTHY, JR. 403 EAST 11TH STREET PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name James Timothy Buchanan Jr Street Address (P.O. Box Number is Not Acceptable) 3115 Hwy 77 City Panama City FL Zip Code 32405	
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 <u><i>James T. Buchanan Jr</i></u> (NOTE: Registered Agent signature required when reappointing) 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, JAMES T. SR. 403 E. 11TH ST. PANAMA CITY, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKERSON, REBA JOYCE 403 E. 11TH ST. PANAMA CITY, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, JAMES T. JR. 403 E. 11TH ST. PANAMA CITY, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, BILLY RAY 403 E. 11TH ST. PANAMA CITY, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <u><i>James T. Buchanan Jr</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u><i>4-16-08</i></u>	