

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-29-2008 90017 011 ***150.00

DOCUMENT # V47827

1. Entity Name
P & L PAINTING & DECORATING, INC.



Principal Place of Business
**714 NW 89TH ST
GAINESVILLE, FL 32607 US**

Mailing Address
**714 NW 89TH ST
GAINESVILLE, FL 32607 US**

66001862



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3130256

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LILIEHOLM, LENNART E.
714 NW 89TH ST
GAINESVILLE, FL 32607**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LILIEHOLM, LENNART E.**
STREET ADDRESS **714 NW 89TH ST**
CITY-ST-ZIP **GAINESVILLE, FL**

TITLE **D**
NAME **LILIEHOLM, JEANNIE**
STREET ADDRESS **714 NW 89TH STREET**
CITY-ST-ZIP **GAINESVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lennart Lilieholm (President) 2/28/08

**(352) 332-7109 (H)
375-7968 (W)**