2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G33520 1. Entity Name FILED TAFLINGER PAINTING INCORPORATED 08 DEC -1 AM 10: 35 Principal Place of Business Mailing Address SECRETARY OF STATE 6820 N. BEECHNUT LOOP **6820 N. BEECHNUT LOOP** TALLAHASSEE, FLORIDA HERNANDO, FL 34442 HERNANDO, FL 34442 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 11242008 Chg-P Applied For City & State City & State 4. FEI Number 59-2290747 Not Applicable Zip Country 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 TAFLINGER, DOROTHY Street Address (P.Q. Box Number is Not Acceptable) 6820 N BEECHNUT LOOP HERNANDO, FL 34442 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 famillar with, and accept the obligations of registered agent, inger 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change noitibhA 🔲 TAFLINGER, HARRY F. NAME NAME Retired 6820 N. BEECHNUT LOOP STREET ADORESS STREET ADDRESS CITY-ST-ZIP HERNANDO, FL 34442 CITY-ST-ZIP PITID ☐ Change TITLE TITLE ■ Addition TAFLINGER, DOROTHY NA LAF NAME STREET ADDRESS STREET ADDRESS 6820 N. BEACHNUT LOOP CITY-ST-ZIP HERNANDO, FL 34442 CITY-ST-ZIP 7001333462666 04 12/01/08--01072--006 **61.25 TITLE Delete TITLE Addition NAME TAFLINGER, IVAN E NAME 6870 N CAPRI LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HERNANDO, FL 34442 CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7/P TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: OFFICER OR D