2009 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 483709

1. Entity Name

INDUSTRIAL PAINTING CORPORATION

FILED

09 JUN -3 AM 9:06

SECRETARY OF STATE

1st MOORE CR2E034 (10/07)

Principal Place of Business	Mailing Address
TUSKENOOGEE ROAD LAKE CITY FL ~~32056~~	P. O. BOX 541 LAKE CITY FL 32056-0541

CORRECTIONS

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2222 SW TUSTENUGGEE AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32025 / Country	Zip / Country

4. FEI Number 59-1616815 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUIE, H A JR
138 SE FAWN GLEN
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST	☐ Delete
NAME	BUIE, HUGH A	
STREET ADDRESS	P.O. BOX 541	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE	P	☐ Delete
NAME	BUIE, HUGH A JR	
STREET ADDRESS	P.O. BOX 541	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

300156723113
06/03/09--01018--005 **150.00

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
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CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: H.A. (AC) Buie, Jr., Pres. 25 APR 09 9046317390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #