

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019953

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: SASSER PAINTING SERVICES, INC.

## Current Principal Place of Business:

2819 HELEN STREET  
PENSACOLA, FL 32504 US

## New Principal Place of Business:

2020 UNIVERSITY ST.  
PENSACOLA, FL 32504 US

## Current Mailing Address:

2819 HELEN STREET  
PENSACOLA, FL 32504 US

## New Mailing Address:

2020UNIVERSITY ST.  
PENSACOLA, FL 32504 US

FEI Number: 59-1421713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SASSER, BOBBY  
8545 OLYMPIA RD  
PENSACOLA, FL 32514 US

## Name and Address of New Registered Agent:

SASSER, BOBBY  
2020UNIVERSITY ST.  
PENSACOLA, FL 32514 US

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.

SIGNATURE:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SASSER, BOBBY  
Address: 8545 OLYMPIA RD  
City-St-Zip: PENSACOLA, FL 32514 US

Title: S,T ( ) Delete  
Name: SASSER, RITA  
Address: 8545 OLYMPIA RD  
City-St-Zip: PENSACOLA, FL 32514 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SASSER, BOBBY  
Address: 2020UNIVERSITY ST.  
City-St-Zip: PENSACOLA, FL 32514 US

Title: S,T (X) Change ( ) Addition  
Name: SASSER, RITA  
Address: 2020UNIVERSITY ST.  
City-St-Zip: PENSACOLA, FL 32514 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY SASSER

OWNE

04/16/2009

Electronic Signature of Signing Officer or Director

Date