

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114706

FILED
Aug 13, 2009
Secretary of State

Entity Name: ALL COVERED HOME REPAIR & PAINTING COMPANY

Current Principal Place of Business:

1768 LIMBER PINE COURT
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1768 LIMBER PINE COURT
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 87-0781013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, STEVEN D
1768 LIMBER PINE COURT
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORD, STEVEN D
Address: 1768 LIMBER PINE COURT
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: S () Delete
Name: FORD, DENNY
Address: 3534 SMITHFIELD APT 1103
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: T () Delete
Name: TURNER, WILLIAM
Address: 1500 MONUMENT RD APT 107
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: COBURN, BEN
Address: 1768 LIMBER PINE CT
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN D. FORD

P

08/13/2009

Electronic Signature of Signing Officer or Director

_____ Date