

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 529573

FILED
Mar 23, 2009
Secretary of State

Entity Name: SOUTH FLORIDA PAINTING AND WATERPROOFING CO., INC.

Current Principal Place of Business:

3973 ARNOLD AVE.
NAPLES, FL 341043373 US

New Principal Place of Business:

Current Mailing Address:

3973 ARNOLD AVE.
NAPLES, FL 341043373 US

New Mailing Address:

FEI Number: 59-1726145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCHRAN, THOMAS WAYNE
3973 ARNOLD AVE
NAPLES, FL 34104 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COCHRAN, THOMAS W.
Address: 3973 ARNOLD AVE
City-St-Zip: NAPLES, FL

Title: S () Delete
Name: COCHRAN, MARGARET D.
Address: 3973 ARNOLD AVE
City-St-Zip: NAPLES, FL

Title: V () Delete
Name: LEWIS, WILLIAM T
Address: 3973 ARNOLD AVE
City-St-Zip: NAPLES, FL 34104

Title: T () Delete
Name: COOPER, MARIE T
Address: 3973 ARNOLD AVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COCHRAN, THOMAS W.
Address: 3973 ARNOLD AVE
City-St-Zip: NAPLES, FL 34104

Title: S (X) Change () Addition
Name: COCHRAN, MARGARET D.
Address: 3973 ARNOLD AVE
City-St-Zip: NAPLES, FL 34104

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

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: THOMAS WAYNE COCHRAN

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date