## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 537398** 

FILED Jan 14, 2009 Secretary of State

Entity Name: ECONO AUTO PAINTING OF DEL RAY BEACH, INC. **Current Principal Place of Business: New Principal Place of Business:** 65 N.W. 18TH AVENUE DELRAY BEACH, FL 33444 **Current Mailing Address: New Mailing Address:** 65 N.W. 18TH AVENUE DELRAY BEACH, FL 33444 FEI Number: 59-1740314 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRANSLEAU, BARRY G. TRANSLEAU, BARRY G 3605 LOWSÓN BLVD 3605 LOWSON BLVD DELRAY BEACH, FL 33445 US DELRAY BEACH, FL 33445 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: BARRY G. TRANSLEAU 01/14/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition ENOS, CHRISTINE S. Name: Name: 3605 LOWSON BLVD Address: Address: City-St-Zip: DELRAY BEACH, FL City-St-Zip: ( ) Delete Title: **VPD** Title: () Change () Addition TRANSLEAU, DAVID J., Name: Name: 65 N.W. 18TH AVENUE Address: Address: DELRAY BEACH, FL City-St-Zip: City-St-Zip: Title: Title: PD ( ) Delete () Change () Addition TRANSLEAU, KEVIN A., Name: Name: 65 N.W. 18TH AVENUE Address: Address: City-St-Zip: DELRAY BEACH, FL City-St-Zip: Title: ( ) Delete Title: () Change () Addition TRANSLEAU, BARRY G., Name: Name: Address: 3605 LOWSON BLVD Address: City-St-Zip: DELRAY BEACH, FL 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: CHRISTINE S. ENOS S 01/14/2009