2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 576228

Entity Name: JENKINS PAINTING, INC.

KIDD, STEPHANIE,

CHIEFLAND, FL

5551 NW 60TH STREET

Name:

Address:

City-St-Zip:

FILED Jan 08, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
5551 NW (CHIEFLAN	60TH ST ND, FL 32626	US			
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
5551 NE 60TH ST CHIEFLAND, FL 32626 US		5551 NW 60TH ST CHIEFLAND, FL 32626 US			
FEI Number:	: 59-1911968	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
JENKINS, 5551 NW (CHIEFLAN		US			
The above in the State	named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS	S AND DIRECT	rors:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PT () JENKINS, JANE 5551 NW 60TH CHIEFLAND, FL	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () JENKINS, GREG 5551 NW 60TH CHIEFLAND, FL	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () JENKINS, DEW 1550 NW 167TH TRENTON, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	s ()	Delete	Title	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JANET M. JENKINS PT 01/08/2009