

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 587106

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: LONG ISLAND PAINTING COMPANY

## Current Principal Place of Business:

8339 DUOMO CIR  
BOYNTON BEACH, FL 33437

## New Principal Place of Business:

3651 SW KASIN STREET  
PORT ST LUCIE, FL 34953 US

## Current Mailing Address:

8339 DUOMO CIR  
BOYNTON BEACH, FL 33437

## New Mailing Address:

PO BOX 540337  
LAKE WORTH, FL 33454-033 US

FEI Number: 59-2249900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRIGONA, SALVATORE  
8339 DUOMO CIR  
BOYNTON BEACH, FL 33437 US

## Name and Address of New Registered Agent:

TRIGONA, SALVATORE  
3651 SW KASIN STREET  
PORT ST. LUCIE, FL 34953 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: SALVATORE TRIGONA

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TRIGONA, SALVATORE,  
Address: 8339 DUOMO CIR  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S ( ) Delete  
Name: MEILING, WILLIAM D  
Address: 8339 DUOMO CIR  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP ( ) Delete  
Name: THOMPSON, WILLIAM  
Address: 8339 DOUMO CIR  
City-St-Zip: BOYNTON BEACH, FL 33437

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TRIGONA, SALVATORE,  
Address: 3651 SW KASIN ST.  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: S (X) Change ( ) Addition  
Name: MEILING, WILLIAM D  
Address: 3651 SW. KASIN ST  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP (X) Change ( ) Addition  
Name: THOMPSON, WILLIAM  
Address: 3651 SW KASIN ST  
City-St-Zip: PORT ST. LUCIE, FL 34953 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: SALVATORE TRIGONA

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

Date