

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822316

FILED
Mar 02, 2009
Secretary of State

Entity Name: TEXTURED COATINGS OF AMERICA INC.

Current Principal Place of Business:

2422 E. 15TH ST.
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2422 E 15TH ST
PANAMA CITY, FL 32405 US

New Mailing Address:

2422 E. 15TH ST.
PANAMA CITY, FL 32405

FEI Number: 95-2142699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: CD () Delete
Name: HAINES, STUART M,
Address: 5950 S AVALON BLVD
City-St-Zip: LOS ANGELES, CA 900031384

Title: VPD () Delete
Name: HAINES, LINDA J
Address: 5950 S AVALON BLVD
City-St-Zip: LOS ANGELES, CA 900031384

Title: PD () Delete
Name: HAINES, JAY
Address: 2422 E 15TH ST
City-St-Zip: PANAMA CITY, L 32405

Title: T () Delete
Name: MOWERY, JULIE K
Address: 2422 EAST 15TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: S () Delete
Name: MURPHY, SHEILA
Address: 2422 EAST 15TH STREET
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: S (X) Change () Addition
Name: VICKERY, JUSTIN
Address: 2422 EAST 15TH STREET
City-St-Zip: PANAMA CITY, FL 32405

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: JULIE MOWERY

T

03/02/2009

Electronic Signature of Signing Officer or Director

Date