

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831468

FILED
Mar 31, 2009
Secretary of State

Entity Name: MOBILE PAINT MANUFACTURING COMPANY OF DELAWARE, INC.

Current Principal Place of Business:

4775 HAMILTON BLVD
THEODORE, AL 36582

New Principal Place of Business:

Current Mailing Address:

P O BOX 717
THEODORE, AL 365900717 US

New Mailing Address:

FEI Number: 63-0143090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKINS, RALPH
249 PARK STREET
JACKSONVILLE, FL 32204 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: D () Delete
Name: GATES, JAMES
Address: 4775 HAMILTON BLVD
City-St-Zip: THEODORE, AL 36582 US

Title: D () Delete
Name: WARNER, DOUGLAS
Address: 2 EAST 38TH STREET
City-St-Zip: CHATTANOOGA, TN 37410 US

Title: D () Delete
Name: WILSON, JOHN R JR
Address: 4775 HAMILTON BLVD
City-St-Zip: THEODORE, AL 36582 US

Title: PD () Delete
Name: WILLIAMS, ROBERT
Address: 4775 HAMILTON BLVD
City-St-Zip: THEODORE, AL 36582 US

Title: D () Delete
Name: GILMAN, SARAH
Address: 801 LEE AVE
City-St-Zip: LOOKOUT MTN, TN 37350 US

Title: D () Delete
Name: WARNER, PORTER JR
Address: 2 EAST 38 STREET
City-St-Zip: CHATTANOOGA, TN 37410 US

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: () 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: JOHN WILSON

V/P

03/31/2009

Electronic Signature of Signing Officer or Director

Date