

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F81703

Entity Name: PAUL PAINTING, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

3616 CENTURY BLVD.
LAKELAND, FL 33811

New Principal Place of Business:

522 PENINSUALR DR
LAKELAND, FL 33813

Current Mailing Address:

PO BOX 5002
LAKELAND, FL 33811

New Mailing Address:

PO BOX 5002
LAKELAND, FL 33807

FEI Number: 59-2201742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT H. LANGSTON
107 S. FLORIDA AVE
LAKELAND, FL 33801 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: PD () Delete
Name: PAUL, TIMOTHY G.,
Address: 5809 SPRING LAKE DR.
City-St-Zip: LAKELAND, FL

Title: VP () Delete
Name: PAUL, KENNETH
Address: 5809 SPRING LAKE DR
City-St-Zip: LAKELAND, FL

Title: VP () Delete
Name: PENN, WILLIAM
Address: 4502 LAKELAND HIGHLANDS RD
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAUL, TIMOTHY G.,
Address: 522 PENINSULAR DR
City-St-Zip: LAKELAND, FL 33813

Title: VP (X) Change () Addition
Name: PAUL, KENNETH
Address: 1012 W. LAKE MARION RD
City-St-Zip: HAINES CITY, FL 33844

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: TIMOTHY PAUL

MR.

03/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date