

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K84120

Entity Name: VINTAGE PAINTING, INC.

FILED  
Jan 21, 2009  
Secretary of State

## Current Principal Place of Business:

413 OAK PLACE  
SUITE 4-I  
PORT ORANGE, FL 32127 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 290185  
PORT ORANGE, FL 32129

## New Mailing Address:

FEI Number: 59-2953507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VODENICKER, JERE  
413 OAK PLACE  
SUITE 4-I  
PORT ORANGE, FL 32129 US

## Name and Address of New Registered Agent:

VODENICKER, JERE  
413 OAK PLACE  
SUITE 4-I  
PORT ORANGE, FL 32127 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:

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VODENICKER, JERE  
Address: 325 CROSSWAY LANE  
City-St-Zip: HOLLY SPRINGS, NC 27540

Title: VPD ( ) Delete  
Name: TURNER, NORMAN  
Address: 17 LAZY EIGHT DR  
City-St-Zip: DAYTONA BEACH, FL 32124

Title: STD ( ) Delete  
Name: TURNER, TONYA  
Address: 17 LAZY EIGHT DR  
City-St-Zip: DAYTONA BEACH, FL 32128

Title: CFOS ( ) Delete  
Name: VODENICKER, JAMES  
Address: 6 TIMBER TRAIL  
City-St-Zip: ORMOND BEACH, FL 32147

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition  
Name: TURNER, NORMAN  
Address: 17 LAZY EIGHT DR  
City-St-Zip: DAYTONA BEACH, FL 32128

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

Title: CFOS (X) Change ( ) Addition  
Name: VODENICKER, JAMES  
Address: 6 TIMBER TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

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: JAMES R. VODENICKER

CFO

01/21/2009

Electronic Signature of Signing Officer or Director

Date