

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003314

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE PROFESSIONAL DECAL APPLICATION ASSOCIATION, INC.

Current Principal Place of Business:

C/O NATHAN FRANZBLAU
2202 NORTH MAIN STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

2202 NORTH MAIN ST.
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3341777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, DANIEL D
2301 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOORE, RON
Address: 104 BELL PARKWAY
City-St-Zip: WOODSTOCK, GA 30188

Title: PTD () Delete
Name: FRANZBLAU, NATHAN
Address: 2202 NORTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: CARTHEY, JOHN
Address: 3902 HIGH PINES
City-St-Zip: HOUSTON, TX 77068

Title: SD () Delete
Name: FORD, GREG
Address: 4373 LACOSA AVE.
City-St-Zip: FREMOUNT, CA 94536

Title: D () Delete
Name: NELSON, TOM
Address: 8660 HIGHWAY 7 P.O. BOX 160
City-St-Zip: ST. BONIFACIUS, MN 55375

Title: VD () Delete
Name: MCMULLEN, GENE
Address: 833 WOOSTER ROAD N.
City-St-Zip: BARBARTON, OH 442031664

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN FRANZBLAU

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date