

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090013

Entity Name: HOUSE OF PAINTS, INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

885 N FERDON BLVD.  
CRESTVIEW, FL 32536

## New Principal Place of Business:

## Current Mailing Address:

885 N FERDON BLVD.  
CRESTVIEW, FL 32536

## New Mailing Address:

FEI Number: 59-3670967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEL POZO, PAUL S  
5978 SILVER OAKS LANE  
CRESTVIEW, FL 32536 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: P ( ) Delete  
Name: DELPOZO, PAUL S  
Address: 5978 SILVER OAKS LANE  
City-St-Zip: CRESTVIEW, FL 32536

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S ( ) Change (X) Addition  
Name: DEL POZO, CHEREE C  
Address: 5978 SILVER OAKS LANE  
City-St-Zip: CRESTVIEW, FL 32536

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: PAUL S DEL POZO

P

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date