

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090072

FILED  
Apr 05, 2009  
Secretary of State

Entity Name: PAINT SPOT PAINTERS INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

547 TYLER AVENUE  
PERRINE, FL 33157

**Current Mailing Address:**

**New Mailing Address:**

547 TYLER AVENUE  
PERRINE, FL 33157

FEI Number: 65-1041867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GARCIA, GEORGE R  
547 TYLER AVENUE  
PERRINE, FL 33157

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: GARCIA, GEORGE R  
Address: 547 TYLER AVENUE  
City-St-Zip: PERRINE, FL 33157

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

Title: VSD ( ) Delete  
Name: FERNANDEZ, IRENE  
Address: 547 TYLER AVENUE  
City-St-Zip: PERRINE, FL 33157

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: GEORGE R GARCIA

PTD

04/05/2009

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

\_\_\_\_\_  
Date