

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017207

FILED
Mar 05, 2009
Secretary of State

Entity Name: PAINT CRAFT OF BREVARD, INC.

Current Principal Place of Business:

901 RIPLEY TERRACE NE
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

901 RIPLEY TERRACE NE
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 59-3698507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAELLA, ANTHONY A SR
901 RIPLEY TERRACE NE
PALM BAY, FL 32907 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: DPST () Delete
Name: FAELLA, ANTHONY A SR
Address: 901 RIPLEY TERRACE NE
City-St-Zip: PALM BAY, FL 32907

Title: VP () Delete
Name: SAELA, PATRICIA A
Address: 6173 HARRIS ROAD
City-St-Zip: ST. CLOUD, FL 34773

Title: D () Delete
Name: FAELLA, ALFRED R
Address: 1674 GOULD AVENUE SW
City-St-Zip: PALM BAY, FL 32907

Title: D (X) Delete
Name: FAELLA, EMORY
Address: 1674 GOULD AVENUE SW
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FAELLA, ALFRED R
Address: 1674 GOULD AVENUE SW
City-St-Zip: PALM BAY, FL 32907

Title: D (X) Change () Addition
Name: FAELLA, EMORY
Address: 1674 GOULD AVENUE SW
City-St-Zip: PALM BAY, FL 32907

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: ANTHONY FAELLA

DPST

03/05/2009

Electronic Signature of Signing Officer or Director

Date