

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079463

FILED
Jan 24, 2009
Secretary of State

Entity Name: JAN HOLMSTED PAINTING & PRESSURE CLEANING, INC.

Current Principal Place of Business:

6306 MADRAS CIRCLE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

6306 MADRAS CIRCLE
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 11-3662205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIERZWA & ASSOCIATES, P.A.
3900 WOODLAKE BLVD. SUITE 212
LAKE WORTH, FL 33463 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: HOLMSTED, JAN
Address: 6306 MADRAS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V () Delete
Name: HOLMSTED, LAURA
Address: 6306 MADRAS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T () Delete
Name: BUSCEMI, JOE
Address: 1154 WHITE PINE DR
City-St-Zip: WEST PALM BEACH, FL 33414

Title: S () Delete
Name: SINGER, MARK
Address: 116 LIGHTHOUSE CIRCLE, APT 1
City-St-Zip: TEGUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: JAN HOLMSTED

PRES

01/24/2009

Electronic Signature of Signing Officer or Director

Date