2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006918

Entity Name: MAYFIELD PAINTING SERVICES, INC.

() Delete

COX, JANNA M

3017 GILES PLACE

TALLAHASSEE, FL 32309

Name:

Address:

City-St-Zip:

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3017 GILES PLACE 3353 TRILLIUM COURT TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** 3017 GILES PLACE 3353 TRILLIUM COURT TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32312 FEI Number: 04-3775169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: COX, JANNA M COX, JANNA M 3017 GILES PL 3533 TRILLIUM COURT TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32312 US US 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: 01/05/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MAYFIELD, MARLON E Name: Name: P.O. BOX 13687 Address: Address: TALLAHASSEE, FL 32317 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: MAYFIELD, SHARON S Name: MAYFIELD, SHARON S 3017 GILES PLACE 3533 TRILLIUM COURT Address: Address: TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

COX, JANNA M

81 HOMER WAY

QUINCY, FL 32351

SIGNATURE: JANNA COX S 01/05/2009