

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061286

FILED
Apr 28, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA STRIPING, INC.

Current Principal Place of Business:

3011 CLAMONT LANE
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

3011 CLAMONT LANE
EUSTIS, FL 32726 US

New Mailing Address:

FEI Number: 61-1450951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTE, MARLENE R
3011 CLAMONT LANE
EUSTIS, FL 32726 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: CONTE, EDWARD S
Address: 3011 CLAMONT LANE
City-St-Zip: EUSTIS, FL 32726 US

Title: VP () Delete
Name: CONTE, MARLENE R
Address: 3011 CLAMONT LANE
City-St-Zip: EUSTIS, FL 32726 US

Title: SEC () Delete
Name: CONTE, MARLENE
Address: 3011 CLAMONT LANE
City-St-Zip: EUSTIS, FL 32726 US

Title: VSEC () Delete
Name: STEVERSON, RICHARD
Address: 23601 KAYS WAY
City-St-Zip: ASTATULA, FL 34705

Title: TRES (X) Delete
Name: CONTE, EDWARD S
Address: 3011 CLAMONT LANE
City-St-Zip: EUSTIS, FL 32726

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: TRES (X) Change () Addition
Name: CONTE, EDWARD S
Address: 3011 CLAMONT LANE
City-St-Zip: EUSTIS, FL 32726 FL

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: MARLENE CONTE

VP

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date