

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146380

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PAINT MISBEHAVIN' OF STUART,INC

**Current Principal Place of Business:**

14531 SW DIVOT DRIVE  
INDIANTOWN, FL 34956 US

**New Principal Place of Business:**

**Current Mailing Address:**

14531 SW DIVOT DRIVE  
INDIANTOWN, FL 34956 US

**New Mailing Address:**

FEI Number: 35-2219665      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LYNN, LEWIS  
5243 SE FAIRLANE AVENUE  
STUART, FL 34997 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: PLATTS, JEFFREY M  
Address: 14521 DIVOT DR  
City-St-Zip: INDIANTOWN, FL 34956 US

Title: VP ( ) Delete  
Name: LEWIS, LYNN L  
Address: 5243 SE FAIRLANE AVUNUE  
City-St-Zip: STUART, FL 34997 US

Title: SEC ( ) Delete  
Name: LEWIS, CASEY M  
Address: 5243 SE FAIRLANE AVENUE  
City-St-Zip: STUART, FL 34997 US

**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:

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: JEFFREY PLATTS

Electronic Signature of Signing Officer or Director

OFFI

04/30/2009

\_\_\_\_\_ Date