

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150972

FILED
Jan 05, 2009
Secretary of State

Entity Name: VIDA PAINTING & WALLCOVERINGS, INC.

Current Principal Place of Business:

3223 N LOCKWOOD RIDGE RD
94C
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

3223 NORTH LOCKWOOD RIDGE ROAD
LOT 94C
SARASOTA, FL 34234

New Mailing Address:

3223 N LOCKWOOD RIDGE RD
94C
SARASOTA, FL 34234

FEI Number: 20-0486009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIDA, RICHARD
3223 NORTH LOCKWOOD RIDGE ROAD
LOT 94C
SARASOTA, FL 34234 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: VIDA, RICHARD
Address: 3223 NORTH LOCKWOOD RIDGE RD, LOT 94C
City-St-Zip: SARASOTA, FL 34234

Title: S () Delete
Name: VIDA, RICHARD
Address: 3223 NORTH LOCKWOOD RIDGE ROAD, LOT 94C
City-St-Zip: SARASOTA, FL 34234

Title: T () Delete
Name: VIDA, RICHARD
Address: 3223 NORTH LOCKWOOD RIDGE ROAD, LOT 94C
City-St-Zip: SARASOTA, FL 34234

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: RICHARD VIDA

OWNE

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date