2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P04000040484

Entity Name: COLOR TECH REFINISHING, INC.

Current Principal Place of Business:

405 FLORIDA AVE N
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

405 FLORIDA AVE N
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 83-0388083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WANDER, WILLIAM O
405 FLORIDA AVE N
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

WANDER, WILLIAM O PD
405 FLORIDA AVE N
TARPON SPRINGS, FL 34689 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: WILLIAM WANDER 03/19/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WANDER, WILLIAM O PRES
Address: 405 FLORIDA AVE N
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP ( ) Delete
Name: DUMERS, PETER VP
Address: 405 FLORIDA AVE N
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S ( ) Delete
Name: WANDER, DREW SEC
Address: 405 FLORIDA AVE N
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: WANDER, ROBERT VP
Address: 405 FLORIDA AVE N
City-St-Zip: TARPON SPRINGS, FL 34689

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: WILLIAM WANDER PD 03/19/2009
Electronic Signature of Signing Officer or Director Date