

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085247

Entity Name: FRANK BOLES PAINTING INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

10139 N. CITRUS SPRINGS BLVD.  
CITRUS SPRINGS, FL 34434

## New Principal Place of Business:

6448 S. PLEASANT AVE.  
HOMOSASSA, FL 34446

## Current Mailing Address:

10139 N. CITRUS SPRINGS BLVD.  
CITRUS SPRINGS, FL 34434

## New Mailing Address:

6448 S. PLEASANT AVE.  
HOMOSASSA, FL 34446

FEI Number: 25-1906873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOLES, FRANKLIN . D JR.  
10139 N. CITRUS SPRINGS BLVD.  
CITRUS SPRINGS, FL 34434 US

## Name and Address of New Registered Agent:

BOLES, FRANKLIN . D JR.  
6448 S. PLEASANT AVE.  
HOMOSASSA, FL 34446 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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: BOLES, FRANKLIN D JR.  
Address: 10139 N. CITRUS SPRINGS BLVD.  
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: VP/T ( ) Delete  
Name: BOLES, FRANKLIN D JR.  
Address: 10139 N. CITRUS SPRINGS BLVD.  
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: S ( ) Delete  
Name: BOLES, FRANKLIN . D JR.  
Address: 10139 N. CITRUS SPRINGS BLVD.  
City-St-Zip: CITRUS SPRINGS, FL 34434

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: BOLES, FRANKLIN D JR.  
Address: 6449 S. PLEASANT AVE.  
City-St-Zip: HOMOSASSA, FL 34446

Title: VP/T (X) Change ( ) Addition  
Name: BOLES, FRANKLIN D JR.  
Address: 6448 S. PLEASANT AVE.  
City-St-Zip: HOMOSASSA, FL 34446

Title: S (X) Change ( ) Addition  
Name: BOLES, FRANKLIN . D JR.  
Address: 6448 S. PLEASANT AVE.  
City-St-Zip: HOMOSASSA, FL 34446

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: FRANKLIN D BOLES JR.

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date