

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094270

FILED  
May 01, 2009  
Secretary of State

Entity Name: ROBERT BURNSED PAINTING, INC.

## Current Principal Place of Business:

696 KINGSWOOD AVE  
ORANGE PARK, FL 32065

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 65203  
ORANGE PARK, FL 32065

## New Mailing Address:

FEI Number: 57-1207317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURNSED, ROBERT J CEO  
696 KINGSWOOD AVENUE  
ORANGE PARK, FL 32065 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BURNSED, ROBERT J CEO  
Address: 696 KINGSWOOD AVE  
City-St-Zip: ORANGE PARK, FL 32065

Title: S ( ) Delete  
Name: BURNSED, ROBERT J CEO  
Address: P.O. BOX 65203  
City-St-Zip: ORANGE PARK, FL 32065

Title: CEO ( ) Delete  
Name: BURNSED, ROBERT J CEO  
Address: 696 KINGSWOOD AVE.  
City-St-Zip: ORANGE PARK, FL 32065

Title: CEO ( ) Delete  
Name: BURNSED, ROBERT J CEO  
Address: 696 KINGSWOOD AVE  
City-St-Zip: ORANGE PARK, FL 32065 US

Title: CEO ( ) Delete  
Name: BURNSED, ROBERT J CEO  
Address: 696 KINGSWOOD AVE  
City-St-Zip: ORANGE PARK, FL 32065 US

Title: CEO ( ) Delete  
Name: BURNSED, ROBERT J CEO  
Address: 696 KINGSWOOD AVE  
City-St-Zip: ORANGE PARK, FL 32065 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:

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: ROBERT J BURNSED

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date