

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107560

FILED
Jun 22, 2009
Secretary of State

Entity Name: MARSHA'S PAINT AND WALLCOVER INC.

Current Principal Place of Business:

1621 COLLEGE PARKWAY
GULF BREEZE, FL 32563 US

New Principal Place of Business:

Current Mailing Address:

1621 COLLEGE PARKWAY
GULF BREEZE, FL 32563 US

New Mailing Address:

FEI Number: 20-1405622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON, JAMIE E
1621 COLLEGE PARKWAY
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

STEVE, HOGAN
1621 COLLEGE PARKWAY
GULF BREEZE, FL 32563 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: STEVE HOGAN

06/22/2009

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: PD () Delete
Name: COTTON, MARSHA K
Address: 1621 COLLEGE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: VP () Delete
Name: COTTON, MARSHA K
Address: 1621 COLLEGE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: S () Delete
Name: COTTON, MARSHA K
Address: 1621 COLLEGE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: T () Delete
Name: COTTON, MARSHA K
Address: 1621 COLLEGE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: NEVEU, FRED
Address: 10057 CENTRE STREET
City-St-Zip: PENSACOLA, FL 32506

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: MARSHA COTTON

PD

06/22/2009

Electronic Signature of Signing Officer or Director

Date