

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116643

FILED  
Feb 28, 2010  
Secretary of State

**Entity Name:** TIM SANFORD'S PAINTING INC.

**Current Principal Place of Business:**

785 N.W. SABLE STREET  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

785 N.W. SABLE STREET  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 20-1471293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANFORD, TIMONTHY W  
785 N.W. SABLE STREET  
PORT ST. LUCIE, FL 34983 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  
**Name:** SANFORD, TIMONTHY W  
**Address:** 785 N.W. SABLE STREET  
**City-St-Zip:** PORT ST. LUCIE, FL 34983

**Title:** VP  
**Name:** SANFORD, SUZAN  
**Address:** 785 NW SABLE ST  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983

**Title:** SEC  
**Name:** HARRIS, BOBBY  
**Address:** 617 BEACH AVE  
**City-St-Zip:** PORT ST LUCIE, FL 34952 US

I hereby 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 all other like empowered.

**SIGNATURE:** TIMONTHY W SANFORD

P

02/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date