

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90009 007 ***158.75

DOCUMENT # P04000163809

1. Entity Name

C.J.T. WALL & CEILING TEXTURE INCORPORATED



Principal Place of Business

**410 E. 25TH PLACE
SANFORD FL 32773**

Mailing Address

**410 E. 25TH PLACE
SANFORD FL 32773**

2. Principal Place of Business - No P.O. Box #

410 E 25th PL

3. Mailing Address

410 E 25th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD

City & State

FLORIDA

Zip

32773

Country

Zip

32773

Country

Seminole

4. FEI Number

59-3278514

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TURNER, CREIGHTON J.
410 E. 25TH PLACE
SANFORD FL 32773**

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Creighton J. Turner

(NOTE: Registered Agent signature required when registering)

DATE

April 19, 1908

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DC**
STREET ADDRESS **TURNER, CREIGHTON J**
CITY-ST-ZIP **410 E. 25TH PL
SANFORD FL 32773**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE

Creighton J. Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 19-08