

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085450

Entity Name: RICK WILSON PAINTING, INC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

712 HERITAGE DRIVE
WINTER HAVEN, FL 33881

New Principal Place of Business:

414 ORANGE STREET
AUBURNDALE, FL 33823

Current Mailing Address:

712 HERITAGE DRIVE
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 26-0117168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JAMES R
712 HERITAGE DRIVE
WINTER HAVEN, FL 33881 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 () Delete
Name: WILSON, JAMES
Address: 712 HERITAGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: V () Delete
Name: WILSON, GEORGIA
Address: 712 HERITAGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: V () Delete
Name: SUGGS, DAVID
Address: 7969 140TH ST N.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, JAMES R
Address: 712 HERITAGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: V (X) Change () Addition
Name: WILSON, GEORGIA A
Address: 712 HERITAGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: V (X) Change () Addition
Name: SUGGS, DAVID E
Address: 7969 140TH ST N.
City-St-Zip: SEMINOLE, FL 33776

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: JAMES R WILSON

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date