2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125296

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Entity Name: STIFFLER & SONS PAINTING INC **Current Principal Place of Business: New Principal Place of Business:** 6113 SPINNAKER LOOP 507 HAMLET COURT LADY LAKE, FL 32159 FRUITLAND PARK, FL 34731 **Current Mailing Address: New Mailing Address:** 6113 SPINNAKER LOOP P.O. BOX 491088 LADY LAKE, FL 32159 LEESBURG, FL 34749 FEI Number: 20-3435979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STIFFLER, STEVE 6113 SPINNAKER LOOP LADY LAKE, FL 32159 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** (X) Change () Addition STIFFLER, STEVE Name: Name: STIFFLER, STEVE 6113 SPINNAKER LOOP 6113 SPINNAKER LOOP Address: Address: LADY LAKE, FL 32159 City-St-Zip: City-St-Zip: LADY LAKE, FL 32159 Title: VΡ Title: () Delete (X) Change () Addition STIFFLER, BRIAN Name: Name: STIFFLER, BRIAN 507 HAMLET CT 507 HAMLET CT Address: Address: FRUITLAND PARK, FL 34731 FRUITLAND PARK, FL 34731 City-St-Zip: City-St-Zip: Title: Title: () Delete SEC () Change (X) Addition STIFFLER, CODY J Name: Name: 507 HAMLET COURT Address Address: City-St-Zip: City-St-Zip: FRUITLAND PARK, FL 34731

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.

Title:

Name:

Address:

City-St-Zip:

TRES

STREMPLE, TED A

507 HAMLET COURT

FRUITLAND PARK, FL 34731

() Change (X) Addition

Ρ SIGNATURE: STEVE H. STIFFLER 04/30/2009

() Delete