

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138621

FILED
May 01, 2008
Secretary of State

Entity Name: PAINT PRO'S OF JACKSONVILLE INC.

Current Principal Place of Business:

11557 BROADLEAF DR
JACKSONVILLE, FL 32225

New Principal Place of Business:

11743 HIDDEN HILLS DR S
JACKSONVILLE, FL 32225

Current Mailing Address:

P.O. BOX 351373
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 20-5144974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, CHARLENE S
11557 BROAD LEAF DR
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

STONE, CHARLENE S
11743 HIDDEN HILLS DRIVE SOUTH
JACKSONVILLE, FL 32225 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: CHARLENE STONE

05/01/2008

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: P,T () Delete
Name: STANLEY, CHARLENE
Address: 11557 BROADLEAF DR
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP () Delete
Name: STANLEY, ELISSA
Address: 11557 BROADLEAF DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: STANLEY, SUZANNE K
Address: 11557 BROADLEAF DR
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CHARLENE STANLEY

PRE

05/01/2008

Electronic Signature of Signing Officer or Director

Date