

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138621

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PAINT PRO'S OF JACKSONVILLE INC.

## Current Principal Place of Business:

11743 HIDDEN HILLS DR S  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 351373  
JACKSONVILLE, FL 32235

## New Mailing Address:

PO BOX 351373  
JAX, FL 32235 US

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  
11743 HIDDEN HILLS DRIVE SOUTH  
JACKSONVILLE, FL 32225 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,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: P,T (X) Change ( ) Addition  
Name: STANLEY, CHARLENE  
Address: 11743 HIDDEN HILLS DR S  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: S (X) Change ( ) Addition  
Name: STANLEY, ELISSA  
Address: 11557 BROADLEAF DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP (X) Change ( ) Addition  
Name: STANLEY, SUZANNE K  
Address: 11743 HIDDEN HILLS DR S  
City-St-Zip: JACKSONVILLE, FL 32225

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

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date