

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000006488

FILED
Jun 26, 2009
Secretary of State

Entity Name: EMPTY PAIL PAINTING COMPANY

Current Principal Place of Business:

4245 APOLLO AVENUE
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

4245 APOLLO AVENUE
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 20-4133501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERSTREET, GWENDOLYN
4245 APOLLO AVE
JACKSONVILLE, FL 32226 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

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: PD () Delete
Name: OVERSTREET, TRAVIS
Address: 4245 APOLLO AVENUE
City-St-Zip: JACKSONVILLE, FL 32226

Title: VD () Delete
Name: OVERSTREET, CLIFFORD
Address: 4245 APOLLO AVENUE
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD () Delete
Name: OVERSTREET, GWENDOLYN
Address: 4245 APOLLO AVENUE
City-St-Zip: JACKSONVILLE, FL 32226

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: GWENDOLYN B. OVERSTREET

SD

06/26/2009

Electronic Signature of Signing Officer or Director

Date