


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000054968		
1. Entity Name THE VILLAGE PAINT SHOPPE, OCOEE, INC.		

FILED

12 JUN 11 AM 9:45

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10956 WEST COLONIAL DRIVE OCOEE, FL 34761	Mailing Address 717 CHICKAPEE TRAIL MAITLAND, FL 32751
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05112012 Chg-P CR2E034 (12/11)

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT LLOYD, RANDY 10956 WEST COLONIAL DRIVE OCOEE, FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P AYDT, ROBERT 10956 WEST COLONIAL DRIVE OCOEE, FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS AYDT, MARCY 10956 WEST COLONIAL DRIVE OCOEE, FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MITCHELL, TIM 10956 WEST COLONIAL DRIVE OCOEE, FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BENDER, JOHN 10956 WEST COLONIAL DRIVE OCOEE, FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARRELL, SKIP 10956 WEST COLONIAL DRIVE OCOEE, FL 34761 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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06/11/12--01002--018 ***150.00

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S. PRATHER

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____	DATE: 6/11/2012	E-MAIL ADDRESS: _____
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