

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90022 025 ***150.00

DOCUMENT # P06000078589

1. Entity Name
DIVISION 9 PAINTING AND WALLCOVERING, INC.



Principal Place of Business
**3604 GINGER STREET
 TITUSVILLE, FL 32754**

Mailing Address
**3604 GINGER STREET
 TITUSVILLE, FL 32754**

40102976



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

05132008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**QB BIZ - INTUITIVE ENTERPRISE SOLUTIONS CO
 1618 N EDEN CIRCLE
 TITUSVILLE, FL 32796**

4. FEI Number
20-5000364

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S CORNS, BRUCE A 3604 GINGER STREET MIMS, FL 32754	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KARL BLISIT VP 3667 MOIRFIELD DR. TITUSVILLE FL 32780	<input type="checkbox"/> Change <input checked="" 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

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: *Bruce A Corns* **BRUCE A CORNS P, S** *5/13/08* *321-302-5577*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

***Division 9 Painting and Wallcovering, Inc.
3604 Ginger Street
Mims, Florida 32754***

40102476

May 13, 2008

State of Florida
Division of Corporations
2670 Executive Center
Suite 100
Tallahassee, FL 32301

Re: Division 9 Painting and Wallcovering, Inc.
FL Doc Number: P06000078589

Dear Sir or Madam,

Enclosed please find the annual report for 2008. We apologize for the tardiness but received no notice. Please accept our apology as well the enclosed check in the amount of \$150.00.

Again we apologize and respectfully request that you wave the late fees.

Regards,

Bruce A Corns, President
Division 9 Painting and Wallcovering, Inc.