

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086464

FILED  
May 01, 2009  
Secretary of State

Entity Name: SOUTHEAST PAINT AND RESTORATION, INC.

**Current Principal Place of Business:**

11350 66TH STREET NORTH SUITE 102  
LARGO, FL 337735524

**New Principal Place of Business:**

209 150TH AVENUE  
MADEIRA BEACH, FL 33708

**Current Mailing Address:**

11350 66TH STREET NORTH SUITE 102  
LARGO, FL 337735524

**New Mailing Address:**

209 150TH AVENUE  
MADEIRA BEACH, FL 33708

FEI Number: 65-1283724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

POLITIS, ALEXANDER C  
11350 66TH STREET NORTH SUITE 102  
LARGO, FL 337735524 US

**Name and Address of New Registered Agent:**

POLITIS, ALEXANDER C  
209 150TH AVENUE  
MADEIRA BEACH, FL 33708 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: \_\_\_\_\_

05/01/2009

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: DVP ( ) Delete  
Name: COLONNELL, WILLIAM  
Address: 2615 W GRAND RESERVE CIRCLE UNIT 338  
City-St-Zip: CLEARWATER, FL 33759

Title: D/P ( ) Delete  
Name: POLITIS, ALEXANDER C  
Address: 10114 TARPON DRIVE  
City-St-Zip: TREASURE ISLAND, FL 337065524

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D/V/P (X) Change ( ) Addition  
Name: COLONNELL, WILLIAM  
Address: 209 150TH AVENUE  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D/P (X) Change ( ) Addition  
Name: POLITIS, ALEXANDER C  
Address: 209 150TH AVENUE  
City-St-Zip: MADEIRA BEACH, FL 33708

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: ALEXANDER C. POLITIS

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date