

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114706

FILED  
Aug 13, 2009  
Secretary of State

Entity Name: ALL COVERED HOME REPAIR & PAINTING COMPANY

## Current Principal Place of Business:

1768 LIMBER PINE COURT  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

## Current Mailing Address:

1768 LIMBER PINE COURT  
JACKSONVILLE, FL 32225

## New Mailing Address:

FEI Number: 87-0781013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORD, STEVEN D  
1768 LIMBER PINE COURT  
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

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: P ( ) Delete  
Name: FORD, STEVEN D  
Address: 1768 LIMBER PINE COURT  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: S ( ) Delete  
Name: FORD, DENNY  
Address: 3534 SMITHFIELD APT 1103  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: T ( ) Delete  
Name: TURNER, WILLIAM  
Address: 1500 MONUMENT RD APT 107  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: COBURN, BEN  
Address: 1768 LIMBER PINE CT  
City-St-Zip: JACKSONVILLE, FL 32225 US

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: STEVEN D. FORD

P

08/13/2009

Electronic Signature of Signing Officer or Director

Date