

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# P94000068290

Entity Name: FLORIDA PAINTERS OF LEE COUNTY, INC.

**Current Principal Place of Business:**

240 ROSE ST  
NORTH FT. MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

240 ROSE ST  
NORTH FT. MYERS, FL 33903 US

**New Mailing Address:**

FEI Number: 65-0521275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEMIRE, ABBY  
240 ROSE ST  
NORTH FT. MYERS, FL 33903 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

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: LEMIRE, ABIGAIL M  
Address: 240 ROSE ST  
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: P, T ( ) Delete  
Name: LEMIRE, RENE M  
Address: 240 ROSE ST  
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: SEC ( ) Delete  
Name: MYERS, KIMBERLY R  
Address: 1132 SE 36TH TERR  
City-St-Zip: CAPE CORAL, FL 33904 US

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

Title: P (X) Change ( ) Addition  
Name: LEMIRE, ABIGAIL M  
Address: 240 ROSE ST  
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: VP (X) Change ( ) Addition  
Name: LEMIRE, RENE M  
Address: 240 ROSE ST  
City-St-Zip: NORTH FT. MYERS, FL 33903

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: ABBY LEMIRE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

03/20/2009

\_\_\_\_\_  
Date