

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067960

Entity Name: FLORIDA COLORS, INC.

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

652 PORT CHARLOTTE DR.  
PONTE VERDA, FL 32081

## New Principal Place of Business:

## Current Mailing Address:

652 PORT CHARLOTTE DR.  
PONTE VERDA, FL 32081

## New Mailing Address:

652 PORT CHARLOTTE DR.  
PONTE VEDRA, FL 32081

FEI Number: 59-3335998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERSON, THOMAS L JR.  
1008 BALI PLACE  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

PETERSON, THOMAS L JR.  
652 PORT CHARLOTTE DR.  
PONTE VEDRA, FL 32081 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: THOMAS L PETERSON JR

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete  
Name: PETERSON, THOMAS L JR  
Address: 1008 BALI PLACE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD ( ) Delete  
Name: PETERSON, CHERYL R  
Address: 1008 BALI PLACE  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition  
Name: PETERSON, THOMAS L JR  
Address: 652 PORT CHARLOTTE DR.  
City-St-Zip: PONTE VEDRA, FL 32081

Title: SD (X) Change ( ) Addition  
Name: PETERSON, CHERYL R  
Address: 652 PORT CHARLOTTE DR.  
City-St-Zip: PONTE VEDRA, FL 32081

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: THOMAS L PETERSON JR

PDT

03/30/2009

Electronic Signature of Signing Officer or Director

Date