

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000031229

Entity Name: ACCURATE LAMINATING, INC.

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

1307 W. GRAY ST
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1307 W. GRAY ST
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3370270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMP, MARTIN F
2 SOUTH ORANGE AVENUE
5TH FLOOR
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WILSON, DEVIN L
Address: 2007 BRINSON RD
City-St-Zip: LUTZ, FL 33558

Title: DVP () Delete
Name: WILSON, SOPHIA
Address: 2007 BRINSON RD
City-St-Zip: LUTZ, FL 33558

Title: DS () Delete
Name: SMITH, DALLAS B
Address: 1045 MILLER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WILSON, DEVIN L
Address: 10516 SHADY PRESERVE D.R
City-St-Zip: RIVERVIEW, FL 33579

Title: DVP (X) Change () Addition
Name: WILSON, SOPHIA
Address: 10516 SHADY PRESERVE DR.
City-St-Zip: RIVERVIEW, FL 33579

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: SOPHIA WILSON

VP

02/09/2009

Electronic Signature of Signing Officer or Director

Date