2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077165

Title:

Name:

Address:

City-St-Zip:

TREA

(X) Delete

CAPPELEN, LINDA K

2408 ATLANTIC BLVD

VERO BEACH, FL 32960

Entity Name: MICHAEL CHNUPA PAINTING & DECORATING, INC

FILED Apr 21, 2009 Secretary of State

Thirty Hame! When the entired the abbeen with the							
Current Principal Place of Business:				New Principal Place of Business:			
255 10TH / VERO BEA	AVE ACH, FL 32962	2			OR DRIVE CH, FL 3296:	3	
Current M	ailing Addres	s:	Nev	w Mailir	ng Address:		
255 10TH AVE VERO BEACH, FL 32962				152 ANCHOR DRIVE VERO BEACH, FL 32963			
FEI Number:	65-0728063	FEI Number Applied For ()	FEI Number	Not Appli	cable ()	Certificate of Status	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CHNUPA, JANET K 255 10TH AVE VERO BEACH, FL 32962 US				CHNUPA, JANET K 152 ANCHOR DRIVE VERO BEACH, FL 32963 US			
The above in the State		submits this statement for the	purpose of cha	anging it	s registered o	ffice or registered a	agent, or both,
SIGNATURE:				04/21/2009			
	Electroni	ic Signature of Registered Ag	ent			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () CHNUPA, MICHA 152 ANCHOR D VERO BEACH, F	R.			()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () CAPPELEN, DA' 2408 ATLANTIC VERO BEACH, F	BLVD			SEC (X) CHNUPA, JANE 152 ANCHOR E VERO BEACH,	RIVE	
Title: Name: Address: City-St-Zip:	SEC (X) CHNUPA, JANE ^T 152 ANCHOR D VERO BEACH, F	R			()	Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL CHNUPA PRES 04/21/2009

() Change () Addition