

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037689

FILED  
Jan 07, 2010  
Secretary of State

Entity Name: COACHMAN PINSTRIPING, INC.

**Current Principal Place of Business:**

1711 SOUTH RIVERSIDE DR.  
NEW SMYMA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

1711 SOUTH RIVERSIDE DR.  
NEW SMYMA BEACH, FL 32168

**New Mailing Address:**

1711 SOUTH RIVERSIDE DR.  
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3456125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AHRENS, DEBRA ANN  
1711 SOUTH RIVERSIDE DR.  
NEW SMYMA BEACH, FL 32168 US

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

AHRENS, DEBRA ANN  
1711 SOUTH RIVERSIDE DR.  
NEW SMYRNA BEACH, FL 32168 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: \_\_\_\_\_

01/07/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: AHRENS, DEBRA A  
Address: 1711 SOUTH RIVERSIDE DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TV  
Name: AHRENS, WILLIAM C JR.  
Address: 1711 SOUTH RIVERSIDE DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TS  
Name: AHRENS-ROGERS, BRYNN E  
Address: P.O. BOX 4696  
City-St-Zip: DELAND, FL 32721

I hereby 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 all other like empowered.

SIGNATURE: BRYNN AHRENS-ROGERS

TS

01/07/2010

Electronic Signature of Signing Officer or Director

Date