

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077317

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** A ABSOLUTE PAINTING OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1925 SW BELEVUE AVE.  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

2132 SW LEAFY ROAD  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

1925 SW BELEVUE AVE.  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

2132 SW LEAFY ROAD  
PORT ST. LUCIE, FL 34953

**FEI Number:** 65-0863062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKARYD, MICHAEL C  
1925 SW BELEVUE AVE.  
PORT ST. LUCIE, FL 34953 US

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

SKARYD, MICHAEL C  
2132 SW LEAFY ROAD  
PORT ST. LUCIE, FL 34953 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: MICHAEL SKARYD

04/26/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SKARYD, MICHAEL C P  
Address: 2132 SW LEAFY ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP  
Name: DARABI, LOIS M VP  
Address: 1806 SW ALTMAN AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: MICHAEL SKARYD

PRES

04/26/2010

Electronic Signature of Signing Officer or Director

Date