

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822508

FILED
Jan 06, 2009
Secretary of State

Entity Name: BY-PASS PAINT SHOP, INC.

Current Principal Place of Business:

1132 N NAPPANEE ST
ELKHART, IN 46514

New Principal Place of Business:

Current Mailing Address:

1132 N NAPPANEE ST
ELKHART, IN 46514

New Mailing Address:

FEI Number: 35-1099100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELPRETE, DONATO A
1541 SW 12TH AVENUE
OCALA, FL 34471 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: PD () Delete
Name: DELPRETE, DANNY,
Address: 2501 WATERBEND DR.
City-St-Zip: ELKHART, IN

Title: VD () Delete
Name: DELPRETE, FLORENCE,
Address: 2501 WATERBEND DR.
City-St-Zip: ELKHART, IN

Title: TD () Delete
Name: DELPRETE, DANNY,
Address: 2501 WATERBEND DR.
City-St-Zip: ELKHART, IN

Title: SD () Delete
Name: DELPRETE, FLORENCE,
Address: 2501 WATERBEND DR.
City-St-Zip: ELKHART, IN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DELPRETE, DANNY,
Address: 2501 WATERBEND DR.
City-St-Zip: ELKHART, IN 46514 US

Title: VD (X) Change () Addition
Name: DELPRETE, FLORENCE,
Address: 2501 WATERBEND DR.
City-St-Zip: ELKHART, IN 46514 US

Title: TD (X) Change () Addition
Name: DELPRETE, DANNY,
Address: 2501 WATERBEND DR.
City-St-Zip: ELKHART, IN 46514 US

Title: SD (X) Change () Addition
Name: DELPRETE, FLORENCE,
Address: 2501 WATERBEND DR.
City-St-Zip: ELKHART, IN 46514 US

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: DANNY DELPRETE

PD

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date