

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G33520

FILED
Jan 21, 2009
Secretary of State

Entity Name: TAFLINGER PAINTING INCORPORATED

Current Principal Place of Business:

6820 N. BEECHNUT LOOP
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

6820 N. BEECHNUT LOOP
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 59-2290747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAFLINGER, DOROTHY
6820 N BEECHNUT LOOP
HERNANDO, FL 34442 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: PTD () Delete
Name: TAFLINGER, DOROTHY
Address: 6820 N. BEACHNUT LOOP
City-St-Zip: HERNANDO, FL 34442

Title: V () Delete
Name: TAFLINGER, IVAN E
Address: 6870 N CAPRI LOOP
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: TAFLINGER, DOROTHY
Address: 6820 N. BEECHNUT LOOP
City-St-Zip: HERNANDO, FL 34442

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: DOROTHY TAFLINGER

PRES

01/21/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date