2005 UNIFORM BUSINESS REPORT (UBR) - AMENDED RETURN -

DOCUMENT # L 17615

1. Entity Name: RIVER OAK PAINTING, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -4 PM 3:14

Principal Place of Business: 7445 W RIVERBEND ROAD
DUNNELLON, FL 34433-2057

Mailing Address: (SAME)

2. Principal Place of Business — Suite, Apt. #, etc — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2969491 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
V. LOUISE TARRY
7445 W. RIVERBEND ROAD
DUNNELLON, FL 34433-2057

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

8. 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 _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: DP ☐ Delete NAME: LAWRENCE G. DANBACK STREET ADDRESS: 7445 W. RIVERBEND ROAD CITY-ST-ZIP: DUNNELLON, FL	TITLE ☐ Change ☐ Addition NAME: 900060214239 STREET ADDRESS: 10/04/05--01053--004 **61.25 CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE: DT ☒ Change ☐ Addition NAME: V. LOUISE TARRY STREET ADDRESS: 7445 W. RIVERBEND ROAD CITY-ST-ZIP: DUNNELLON, FL
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE: D VP ☐ Change ☒ Addition NAME: LARRY D. DANBACK STREET ADDRESS: 6784 S. REPS RIDGE POINT CITY-ST-ZIP: LECANTO, FL
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE: DS ☐ Change ☒ Addition NAME: DONNA J. DANBACK STREET ADDRESS: 6784 S. REPS RIDGE POINT CITY-ST-ZIP: LECANTO, FL
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LAWRENCE G. DANBACK 9-28-05 (352) 795-6022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #