## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

## **Secretary of State DOCUMENT # P03000116469** 01-25-2005 90042 043 \*\*\*150.00 R.D. PAINTING OF THE FLORIDA KEYS, INC. 40000007 Principal Place of Business Mailing Address 800 50 CT PO BOX 501744 MARATHON, FL 33050 MARATHON, FL 33050 CR2E034 (10/03) 01202005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2408868 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEVANE, JR.,, WILLIAM N ESQ. 5701 OVERSEAS HWY STE 12 DO NOT WRITE MARATHON, FL 33050 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPS TITLE DORN, RICHARD NAME STREET ADDRESS 800 50 CT CITY-ST-ZIP MARATHON, FL 33050 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAMÉ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

12. 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 eignature 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

AED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 25, 2005 8:00 am