

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90074 044 ***150.00



DOCUMENT # P03000137823
 1. Entity Name
DAVE GIEMONT PAINTING INC.

Principal Place of Business Mailing Address
900 BISHOP PARK COURT **900 BISHOP PARK COURT**
APT. 1021 **APT. 1021**
WINTER PARK FL 32792 **WINTER PARK FL 32792**

2. Principal Place of Business 3. Mailing Address
2644 GALLIANO CIR **2644 GALLIANO CIR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WINTER PARK, FL. **WINTER PARK, FL**
 Zip Country Zip Country
32792 **USA** **32792** **USA**

1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
74-3109616 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
G. DAVID GIEMONT
900 BISHOP PARK COURT
APT. 1021
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 Name **G. DAVID GIEMONT**
 Street Address (P.O. Box Number is Not Acceptable)
2644 GALLIANO CIR
 City **WINTER PARK** **FL** Zip Code **32792**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete G. DAVID GIEMONT 900 BISHOP PARK COURT #1021 WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *G. David Giemont* **2/16/05** **407-716-8286**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #