


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90070 029 ***150.00

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1. Entity Name
DAVE'S DECORATIVE PAINTING INC.



Principal Place of Business Mailing Address
 2329 SW 27TH ST. 2329 SW 27TH ST.
 CAPE CORAL, FL 33914 CAPE CORAL, FL 33914

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
17828 Oakmont Ridge Ct *17828 Oakmont Ridge Ct*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft. Myers, FL *Ft. Myers, FL*
 Zip Country Zip Country
33912 *Lee* *33912* *Lee*



03232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
MCLEAN, DAVID
 2329 SW 27TH ST.
 CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent
 Name *Chris Chase*
 Street Address (P.O. Box Number is Not Acceptable)
17828 Oakmont Ridge Circle
 City *Ft. Myers* FL Zip Code *33912*

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 *CHRISTOPHER W. CHASE* *Christopher Chase* *3/26/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCLEAN, DAVID	
STREET ADDRESS	2329 SW 27TH ST.	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VASQUEZ, PEDRO	
STREET ADDRESS	13520 BONITA BEACH RD.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, JUAN	
STREET ADDRESS	6638 WARWICK CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Chase	
STREET ADDRESS	17828 Oakmont Ridge Circle	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose Arqueta	
STREET ADDRESS	4759 25th Place SW, Apt D	
CITY-ST-ZIP	Naples, FL 34116	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Arango	
STREET ADDRESS	106 30 Noaks Cir., Apt 806	
CITY-ST-ZIP	Naples, FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *CHRISTOPHER W. CHASE* *Christopher W. Chase* *3/26/07* *239-222-0291*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #