

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 08:00 AM
Secretary of State



DOCUMENT # S20222

1. Entity Name
 DAVID'S CONTEMPORARY PAINTING, INC.

Principal Place of Business
 17 SHADOW CREEK WAY
 ORMOND BEACH FL 32174

Mailing Address
 17 SHADOW CREEK WAY
 ORMOND BEACH FL 32174



2. Principal Place of Business - No P O Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-3041894

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREMS, MARIA E.
 17 SHADOW CREEK WAY
 ORMOND BEACH FL 32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS Delete
 NAME GREMS, DAVID R.
 STREET ADDRESS 17 SHADOW CREEK WAY
 CITY-STATE-ZIP ORMOND BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 U00000662036
 03/20/07-80065-013 150.00

TITLE VT Delete
 NAME GREMS, MARIA, E
 STREET ADDRESS 17 SHADOW CREEK WAY
 CITY-STATE-ZIP ORMOND BEACH FL 32174

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
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 CITY-STATE-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David R. Grems (David R. Grems) March 7, 2007 386-673-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #