## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 16, 2008 08:00 A Secretary of State DOCUMENT # S20222 1. Entity Name DAVID'S CONTEMPORARY PAINTING, INC. Principal Place of Business Mailing Arldress 17 SHADOW CREEK WAY 17 SHADOW CREEK WAY ORMOND BEACH FL 32174 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 (10/07) City & State City & State Applied For 4. FEI Number 59-3041894 Not Applicable Zip Country Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREMS, MARIA E Street Address (P.O. Box Number is Not Acceptable) 17 SHADOW CREEK WAY ORMOND BEACH FL 32174 City 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, typed or preced harry of registered agent and tale displicable. (NOTE: Registered Agent extrature required when rein-biting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PS TITLE Deicte TIFLE ☐ Change GREMS, DAVID R. NAME NAME 000000900191 04/29/08-80019-019 150.00 17 SHADOW CREEK WAY STREET ADDRESS STREET ADDRESS ORMOND BEACH FL CITY-ST-ZIP CITY-ST-ZiP TITLE Deiete TITLE ☐ Change ■ Addition NUME GREMS, MARIA, E HAME STREET ADDRESS 17 SHADOW CREEK WAY STREET ADDRESS CITY-ST-712 ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE Change ☐ Derete TITLE Addition NAM: NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST- ZIP THE ☐ Derete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP ☐ Delete Change HUF TITLE Addition

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 suppliemental 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 attaghment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

SIGNATURE: LEVILLE DUMA (David R. Grems)

Derete

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

417108

386-673-2131

☐ Charine

Addition