

# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90051 009 \*\*\*150.00

**DOCUMENT # 570713**

1. Entity Name

DENMARK PAINTING, INC.



Principal Place of Business

~~875 11TH DRIVE~~ 1902 Wilbur Ave.  
VERO BEACH FL 32960  
US

Mailing Address

P. O. BOX 304  
VERO BEACH FL 32961  
US

2. Principal Place of Business

1902 Wilbur Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
VERO BEACH

City & State

FL

City & State

Zip  
32960

Country  
Indian River

Zip

Country

4. FEI Number

59-1820355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

EVANS, RALPH L  
3355 OCEAN DR  
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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, 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 PD ☐ Delete  
NAME DENMARK, THOMAS  
STREET ADDRESS 5645 W 1ST SQ SW  
CITY-ST-ZIP VERO BEACH, FL 00000 32968

TITLE STD ☐ Delete  
NAME DENMARK, PAMELA  
STREET ADDRESS 5645 1ST SQ SW  
CITY-ST-ZIP VERO BEACH, FL 00000 32968

TITLE VP ☐ Delete  
NAME JOHNSON, BILLY  
STREET ADDRESS 685 74TH AVENUE  
CITY-ST-ZIP VERO BEACH FL 32968

TITLE T ☐ Delete  
NAME PATTERSON, ROD  
STREET ADDRESS 835-24TH PL SW  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-05 772-567 6396