## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # G27517  1. Entity Name DAVE FORD PAINTING, INC.						50	eci etai	y OI	State
Principal Place	e of Business								
741 WENTWO SEBASTIAN, I		741 WENTWORTH ST Sebastian, FL 32958	US		f 100(121 main	. 1790)   1784)   81181   1817   174	ı Manta Minte Minie Gru		eniu folit
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062005				
City & State		City & State			4, FEI Number 59-2269414			Not	olled For Applicable
Zip	Country	Zip				of Status Desired	Fce	.75 Addi Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
FORD, DA		-	Street Address (	P.O. Box Number Is Not Acceptable)					
SEBASIA	N, FL 32958						_		
				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 NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND		11.		ADDITIONS,	CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	FORD, DAVID J 741 WENTWORTH ST					U0000 03/17/05	<del></del>	Change   [8   15	□ Addition □ □ 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Delete FORD, KIM 741 WENTWORTH STREET SEBASTIAN, FL			1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUINN, BRUCE D 410 EASY ST SEBASTIAN, FL	☐ Delete		•				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORD, BRADLEY 741 WENTWORTH ST SEBASTIAN, FL 32958	☐ Delete				· .		) Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	ÇITY	IE LET ADDRESS - ST- ZIP				Change	☐ Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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 Black 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 Date Date Date Date Date Date Date									