

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90031 014 ***550.00

DOCUMENT # H24321

1. Entity Name

DON SMITH'S PAINT STORES, INC.



Principal Place of Business

2025 13TH AVE
VERO BEACH FL 32960

Mailing Address

2025 13TH AVE
VERO BEACH FL 32960

50066037



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (5/05)

City & State

City & State

4. FEI Number

59-2459495

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

BARKETT, LAWRENCE A.
979 BEACHLAND BLVD
VERO BEACH FL 32963

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 \$550.00
DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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	P	<input type="checkbox"/> Delete
NAME	SMITH, CARLTON E	
STREET ADDRESS	1756 35TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COUSINO, KRISTOPHER	
STREET ADDRESS	2126 34TH AVE.	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COUSINO, CARRIE ANN	
STREET ADDRESS	2126 34TH AVE.	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELMER, MARK E	
STREET ADDRESS	7280 ANADALE CIR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/05 944 5248600