

2005 UNIFORM BUSINESS REPORT (UBR) - AMENDED RETURN

DOCUMENT # **L 17615**

1. Entity Name
RIVER OAK PAINTING, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -4 PM 3:14

Principal Place of Business Mailing Address
**7445 W RIVERBEND ROAD (SAME)
DUNNELLO, FL 34433-2057**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2969491** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**V. LOUISE TARRY
7445 W. RIVERBEND ROAD
DUNNELLO, FL 34433-2057**
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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and, if applicable, (DATE) Registered Agent signature required when certifying) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00. AFTER MAY 1, 2007, FEE WILL BE \$550.00. Make Check Payable to Department of State**
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	DP LAWRENCE G. DANBACK 7445 W. RIVERBEND ROAD DUNNELLO, FL		STREET ADDRESS	900060214239 10/04/05--01053--004 **61.25	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	DT V. LOUISE TARRY 7445 W. RIVERBEND ROAD DUNNELLO, FL	☒ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	D VP LARRY D. DANBACK 6784 S. REPS RIDGE POINT LECANTO, FL	☐ Change ☒ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	DS DONNA J. DANBACK 6784 S. REPS RIDGE POINT LECANTO, FL	☐ Change ☒ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LAWRENCE G. DANBACK** 9-28-05 (352) 795-6022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)