
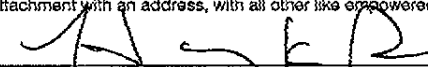


FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000065682						Secretary of State			
1. Entity Name DANIEL PAINTING SERVICE, INC.									
Principal Place of Business 5550 CEMETARY RD MOUNT DORA, FL 32757					Mailing Address 5550 CEMETARY RD MOUNT DORA, FL 32757				
2. Principal Place of Business					3. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		
6. Name and Address of Current Registered Agent DANIEL, HARVEY K 5550 CEMETARY RD MOUNT DORA, FL 32757					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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIEL, HARVEY K 5550 CEMETARY RD MOUNT DORA, FL 32757 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000106993 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/08/04-80039-005 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIEL, LUCIUS H 5550 CEMETARY RD MOUNT DORA, FL 32757 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 					3-20-04				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									