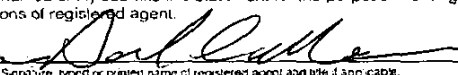
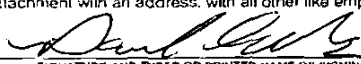


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90062 043 ***150.00

DOCUMENT # P01000068353 1. Entity Name DANNY MOORE PAINTING INC.					
Principal Place of Business 81 VANDERMEER ST. OAKLAND, FL 34760			Mailing Address P.O. BOX 985 OAKLAND, FL 34760		
2. Principal Place of Business - No P.O. Box # 7621 NW 56th PL Suite, Apt. #, etc.		3. Mailing Address P.O. Box 985 Suite, Apt. #, etc.			
City & State Ocala, FL 34481 Zip		City & State Oakland FL Zip		4. FEI Number 59-3729137	
Country Marion		Country Orang		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, DANIEL C 81 VANDERMEER ST. OAKLAND, FL 34760				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: 08-06-08 (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MOORE, DANIEL C 81 VANDERMEER ST. OAKLAND, FL 34760 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Daniel C Moore 7621 NW 56th PL Ocala, FL 34481 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 08-06-08 Daytime Phone: 407-580-7784		