

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0419787

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000076664

1. Corporation Name

Mike Lentz Painting Inc  
998 Crosley Dr  
Dunedin, FL 34698-6105

Principal Place of Business

Mailing Address

998 Crosley Dr  
Dunedin, FL  
34698

500008590795

10/25/02--01041--003 \*\*\*408.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/3/01

2. Principal Place of Business

21. Same

2a. Mailing Address

26. 998 Crosley Dr

4. FEI Number

59-3731451

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

100% Supervisor

\$8.75 Additional  
Fee Required

22. City & State

23. Dunedin, FL

27. City & State

28. Dunedin, FL

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24. Zip

34698

Country

25. P. Mollas

29. Zip

30. P. Mollas

Country

30. P. Mollas

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Darren Lentz  
998 Crosley Dr  
Dunedin, FL 34698

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. Dunedin, FL

84. City

34698

FL

85. Zip Code

34698

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Darren M Lentz

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500008590795

10/25/02--01041--004 \*\*\*150.00

11/29

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Darren M Lentz

CR2E034 (11/98)