


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90114 029 \*\*\*163.75

<b>DOCUMENT # P03000064619</b>			
1. Entity Name <b>D &amp; M PAINT SHOP, INC.</b>			
Principal Place of Business <b>7400 NW 55TH AVENUE OCALA FL 34482</b>		Mailing Address <b>7400 NW 55TH AVENUE OCALA FL 34482</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**54071772**



MOORE CR2E034 (4/04)

4. FEI Number <b>30-0182783</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>DAVIS, JERRY B</b> <b>4934 NE 32 STREET</b> <b>OCALA FL 34488</b>				Name <b>DAVIS JERRY B</b>					
				Street Address (P.O. Box Number is Not Acceptable) <b>6335 N.W 61st St</b>					
				City <b>OCALA</b>		State <b>FL</b>		Zip Code <b>34482</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004**  
**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	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, JERRY B			NAME	DAVIS, JERRY B		
STREET ADDRESS	4934 NE 32 STREET			STREET ADDRESS	6335 N.W 61st St		SAME
CITY-ST-ZIP	OCALA FL 34488			CITY-ST-ZIP	OCALA FL 34482		
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, JERRY B			NAME	DAVIS, JERRY B		
STREET ADDRESS	4934 NE 32 STREET			STREET ADDRESS	6335 N.W 61st St		SAME
CITY-ST-ZIP	OCALA FL 34488			CITY-ST-ZIP	OCALA FL 34482		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILTON, ERNEST L			NAME			
STREET ADDRESS	7400 NW 55TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34482			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 all other like empowered.

SIGNATURE: *Jerry B Davis* **8-7-04 352 629-6329**

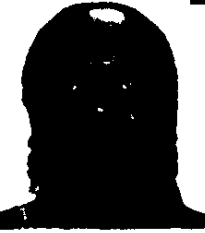
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

~~54071772~~

Doc # 103000064619

DRIVER LICENSE  
CLASS E  
**Florida**



*Jerry B Davis*

*The Sunshine State*

LICENSE NUMBER  
**D120-422-61-061-0**

**JERRY B DAVIS**  
6335 NW 61ST ST  
OCALA, FL 34482-0000

BIRTH DATE	SEX	HGT.	REST.	ENDORSE
02-21-61	M	5-08		
ISSUED	EXPIRES	DUPLICATE		
02-17-89	02-21-06	04-12-04		



740404120011  
Operation of a motor vehicle constitutes consent to any sobriety test required by law