


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90020 025 ***150.00

DOCUMENT # P03000105564 1. Entity Name WILSON DAZA PAINTING, INC.					
Principal Place of Business 2129 BRIDGEVIEW CIR ORLANDO, FL 32824			Mailing Address 2129 BRIDGEVIEW CIR ORLANDO, FL 32824		
2. Principal Place of Business 14737 GRAND COVE DR.			3. Mailing Address 14737 GRAND COVE DR.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State ORLANDO; FLORIDA			City & State ORLANDO; FLORIDA		
Zip 32837			Country USA		
4. FEI Number 56-2339299			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROCIO, DAZA 821 B SKYLINE LAKE CR ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name SAME 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 <u>Sandra Moreno</u> (Director) <u>1-4-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D DAZA, WILSON R 2129 BRIDGEVIEW CIR ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAZA; WILSON R 14737 GRAND COVE DR ORLANDO; FL; 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, SANDRA M 2129 BRIDGEVIEW CIRCLE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO; SANDRA M 14737 GRAND COVE DR. ORLANDO; FL; 32837	<input checked="" 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	
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)(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: <u>Sandra Moreno</u> <u>Sandra Moreno</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-4-05</u> Daytime Phone # <u>407 855 2231</u>		

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