

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000116784

1. Entity Name

DAVE'S QUALITY PAINTING, INC.



Principal Place of Business

**2039 CLEMATIS STREET
SARASOTA FL 34239**

Mailing Address

**2039 CLEMATIS STREET
SARASOTA FL 34239**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0316558

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA FL 34233**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
NAME	MONTGOMERY, DAVID	
STREET ADDRESS	2039 CLEMATIS STREET	
CITY- ST- ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTGOMERY, VERA	
STREET ADDRESS	2039 CLEMATIS STREET	
CITY- ST- ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		

**U00000506310
05/30/06-80004-021-150-00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vera Montgomery Vera Montgomery 5/25/06 (941)365-8197