

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 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 - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

4. FE# Number 20-0316558

Applied For
Not Applicable

Zip

Country

Zip

Country

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 (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MONTGOMERY, DAVID	
STREET ADDRESS	2039 CLEMATIS STREET	
CITY-STATE-ZIP	SARASOTA FL 34239	
TITLE	D	☐ Delete
NAME	MONTGOMERY, VERA	
STREET ADDRESS	2039 CLEMATIS STREET	
CITY-STATE-ZIP	SARASOTA FL 34239	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE		☐ Change ☐ Addition
NAME	U000000830598	
STREET ADDRESS	02/26/08-80090-023 150.00	
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08 (941-365-8197)
Date
Daytime Phone #