

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90003 006 ***158.75

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DOCUMENT # P03000126252 1. Entity Name DRC PAINTING INC					
Principal Place of Business 4025 DANA KATHERINE DR KISSIMMEE, FL 34741			Mailing Address 4025 DANA KATHERINE DR KISSIMMEE, FL 34741 US		
2. Principal Place of Business 2350 E. Robk Dr. Suite, Apt. #, etc.		3. Mailing Address 2350 E. Robk Dr. Suite, Apt. #, etc.		06282006 Chg-P CR2E034 (11/05)	
City & State Kissimmee Florida		City & State Kissimmee Florida		4. FEI Number 52-2407739	
Zip 34746		Country Osceola		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANZA, HERENIA 4025 DANA KATHERINE DR KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Donacy Romero Street Address (P.O. Box Number is Not Acceptable) 2350 E. Robk Dr. City Kissimmee FL Zip Code 34746			
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 6-28-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMERO, DONALD PRESIDE 4025 DANA KATHERINE DR KISSIMMEE, FL 34741		<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"/> Change <input type="checkbox"/> Addition		
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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 exemptions contained in Chapter 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 6-28-06 Daytime Phone # 407-468-0129	