


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000126402	
1. Entity Name JOHN DEVLIN PAINTING, INC.	

Principal Place of Business 1010 MCCORMICK DR. DELTONA, FL 32725	Mailing Address 1010 MCCORMICK DR. DELTONA, FL 32725
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number **20-0477131** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEVLIN, JOHN
1010 MCCORMICK DR.
DELTONA, FL 32725**

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IN THIS SPACE**

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 \$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
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEVLIN, JOHN
STREET ADDRESS	1010 MCCORMICK DRIVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	S
NAME	DEVLIN, JOHN
STREET ADDRESS	1010 MCCORMICK DRIVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	P
NAME	DEVLIN, JOHN
STREET ADDRESS	1010 MCCORMICK DRIVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	VP
NAME	DEVLIN, JOHN
STREET ADDRESS	1010 MCCORMICK DRIVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	T
NAME	DEVLIN, JOHN
STREET ADDRESS	1010 MCCORMICK DRIVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Devlin **JOHN DEVLIN**
PRESIDENT 1/27/05 (386) 956-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #