


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 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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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0477131	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
DEVLIN, JOHN 1010 MCCORMICK DR. DELTONA, FL 32725

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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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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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05/10/06-80019-019 150.00

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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: John Devlin **JOHN DEVLIN, PRESIDENT** 01/12/06 386-574-6412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #