

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90038 001 ***150.00

DOCUMENT # P03000126581

1. Entity Name
DOMAN/TRULOVE PAINTING, INC.



Principal Place of Business
2316 SAND BAY DR
HOLIDAY, FL 34691

Mailing Address
2316 SAND BAY DR
HOLIDAY, FL 34691



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0367119

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~TRULOVE PAINTING~~ Thomas m. Doman
2316 SANDBAY DR
HOLIDAY, FL 34691

**DO NOT WRITE
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, the registered agent.

SIGNATURE Thomas M. Doman Thomas m. Doman 4-16-08
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME ~~TRULOVE PAINTING~~ Thomas m. Doman
STREET ADDRESS 2316 SANDBAY DR
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE VSD
NAME DOMAN, THOMAS A
STREET ADDRESS 2316 SAND BAY DR.
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Thomas M. Doman Thomas m. Doman 4-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(727) 9383841