

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90047 043 ***150.00

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1. Entity Name

DAVID WATERS PAINTING, INC.



Principal Place of Business

2492 PINE CHASE CIRCLE
ST. CLOUD FL 34769

Mailing Address

2492 PINE CHASE CIRCLE
ST. CLOUD FL 34769

2. Principal Place of Business

2492 Pine Chase Circle

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0705854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

WATERS, BETH
2492 PINE CHASE CIRCLE
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WATERS, DAVID M
STREET ADDRESS 2492 PINE CHASE CIRCLE
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE D ☐ Delete
NAME WATERS, BETH
STREET ADDRESS 2492 PINE CHASE CIRCLE
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE D ☐ Delete
NAME WATERS, JULIA
STREET ADDRESS 1081 SALSONA AVENUE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE D ☐ Delete
NAME WATERS, MAX
STREET ADDRESS 1081 SALSONA AVENUE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

David M. Waters President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-05 407-957-8745