

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90025 026 \*\*\*150.00

**DOCUMENT # P03000140107**

1. Entity Name

D. C. PAINTING OF ORLANDO, INC.



Principal Place of Business

12841 MONTANA WOODS LANE  
ORLANDO FL 32824  
US

Mailing Address

12841 MONTANA WOODS LANE  
ORLANDO FL 32824  
US

2. Principal Place of Business

*Same as above*  
Suite, Apt. #, etc.

3. Mailing Address

*Same as above*  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

*Orlando Florida*  
Zip *32824* Country *America*

City & State

*Orlando Florida*  
Zip *32824* Country *America*

4. FEI Number

*90-008-4136*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~BLYDEN, JASON~~  
~~528 SOUTH DIVISION AVENUE~~  
~~ORLANDO FL 32805~~  
*Demfield Evans*

7. Name and Address of New Registered Agent

Name *Demfield Evans*  
Street Address (P.O. Box Number is Not Acceptable)  
*339 Park Tree Dr. Lincrore apt*  
*1922*  
City *Orlando* FL Zip Code *32825*

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

*Demfield Evans*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/17/04*  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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/P/ ☐ Delete  
NAME DENTON, CRAWFORD  
STREET ADDRESS 12841 MONTANA WOODS LANE  
CITY-ST-ZIP ORLANDO FL 32824

TITLE VP/S ☒ Delete  
NAME ~~JASON BLYDEN~~  
STREET ADDRESS ~~528 SOUTH DIVISION AVE.~~  
CITY-ST-ZIP ~~ORLANDO FL 32805~~

TITLE VP/S ☐ Delete  
NAME *Demfield Evans*  
STREET ADDRESS *339 Park Tree Dr. Lincrore apt*  
CITY-ST-ZIP *1922 Or FL 32825*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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:

*Denton Crawford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/17/04* *407-376-6981*  
Date Daytime Phone #