## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000140973

1. Entity Name

DAELITE PAINTING CO., INC.



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

502 LANGHOLM DR WINTER PARK, FL 32789-5253 Mailing Address

502 LANGHOLM DR

WINTER PARK, FL 32789-5253



DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 30-0218699 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROONEY, JOHN G 2145 - 14TH AVE, STE 20-A, 2ND FLOOR COURTHOUSE EXECUTIVE CENTER VERO BEACH, FL 32960

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plants of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
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, 2007 Fee will be \$550.00		9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCINAK, JOHN W 502 LANGHOLM DR WINTER PARK, FL 327895253				1
NAME . STREET ADDRESS GITY-ST-ZIP	D MARCINAK, DONALD E P O BOX 752 GENEVA, FL 32732				000000685928 04/09/07-80025-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 true my end.

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-09 401-34

Daytime Phone