

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000158414

Entity Name: DALTON PAINTING, INC.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 15625
BROOKSVILLE, FL 34604

New Principal Place of Business:

12910 DIAMOND HEAD COURT
SPRING HILL, FL 34609

Current Mailing Address:

P.O. BOX 15625
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 20-0566970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINDEN, WATSON R ESQ.
360 CENTRAL AVENUE
SUITE 1270
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DALTON, DOUGLAS R
Address: P.O. BOX 15625
City-St-Zip: BROOKSVILLE, FL 34604

Title: VS () Delete
Name: DALTON, MICHAEL E
Address: P.O. BOX 15625
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS R DALTON

PT

04/29/2007

Electronic Signature of Signing Officer or Director

Date