

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009  
CORPORATION  
ANNUAL  
REPORT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUL 22 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P04000002295

1. Corporation Name

Jerry Daniels Plastering, Inc

2. Principal Office Address - No P.O. Box #

2540 15th Avenue south

3. Mailing Office Address

2540 15th Avenue south

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Saint Petersburg

City & State

Saint Petersburg

Zip

33712

Country

USA

Zip

33712

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
591735624

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jerry Daniels

Street Address (P.O. Box Number is Not Acceptable)

2540 15th Ave S.

Suite, Apt. #, Etc.

City

St. Pete

State

FL

Zip Code

33712

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Jerry Daniels

REGISTERED AGENT MUST SIGN

Date 06/26/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Owner mgr	Jerry Daniels	2540 15th Ave S	St. Pete FL 33712
			000157963020
			06/30/09--01005--019 **175.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jerry Daniels

Jerry Daniels Plastering, Inc

06/26/2009

727-510-2433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #