

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90121 041 ***150.00

DOCUMENT # P04000015730

1. Entity Name
DENNIS CARPENTER PAINTING, INC.



Principal Place of Business
**5894 SAN LUIS TERR
NORTH PORT, FL 34286 US**

Mailing Address
**5894 SAN LUIS TERR
NORTH PORT, FL 34286 US**

60027060



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-0303202

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARPENTER, DENNIS
5894 SAN LUIS TERR
NORTH PORT, FL 34286**

Name **CARPENTER, DENNIS** *

Street Address (P.O. Box Number is Not Acceptable)
1601 GERANIUM AVE

NORTH PORT, FL

City **FL** Zip Code **34288**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CARPENTER, DENNIS**
STREET ADDRESS **5894 SAN LUIS TERR**
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE **P** ☒ Change ☐ Addition
NAME **CARPENTER, DENNIS**
STREET ADDRESS **1601 GERANIUM AVE**
CITY-ST-ZIP **NORTH PORT, FL 34288** *

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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 empowered.

SIGNATURE:

Dennis Carpenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06
Date

(941) 815-3175
Daytime Phone #