
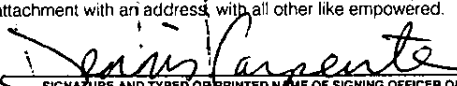


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90037 041 \*\*\*150.00

<b>DOCUMENT # P04000015730</b>					
1. Entity Name <b>DENNIS CARPENTER PAINTING, INC.</b>					
Principal Place of Business <b>5894 SAN LUIS TERR NORTH PORT, FL 34286 US</b>			Mailing Address <b>5894 SAN LUIS TERR NORTH PORT, FL 34286 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1601 GERANIUM AVE</b>		3. Mailing Address <b>1601 GERANIUM AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>NORTH PORT, FL</b>		City & State <b>NORTH PORT, FL</b>		4. FEI Number <b>20-0303202</b>	
Zip <b>34288</b>		Country		Applied For Not Applicable	
Zip <b>34288</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALL FLORIDA FIRM INC 465 S VOLUSIA AVE SUITE C ORANGE CITY, FL 32763</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARPENTER, DENNIS 1601 GERANIUM AVE NORTH PORT, FL 34288 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: <b>4/09/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

60024334



04042008 Chg-P CR2E034 (12/06)