2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2007 08:00 AM DOCUMENT # P04000016747 **Secretary of State** DANNY BOY PAINTING INC Principal Place of Business Mailing Address 801 NE 18TH COURT 801 NE 18TH COURT **UNIT 101** FT LAUDERDALE FL 33305 FT LAUDERDALE FL 33305 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 20-0625649 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOSKIS, DANIEL Street Address (P.O. Box Number is Not Acceptable) 801 NE 18TH COURT **UNIT 101** FT LAUDERDALE FL 33305 City 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DOSKIS, DANIEL NAME NAME U00000613482 801 NE 18TH COURT UNIT 101 STREET ADDRESS STREET ADDRESS 02/05/07-80040-009 150.00 FT LAUDERDALE FL 33305 CITY-ST-7IP CITY-SI-78P IIILE Change Addition ☐ Delete HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP HILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+S1-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 addrays, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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984-525-8661

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