


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2005 8:00 am
Secretary of State

07-29-2005 90011 031 ***150.00

DOCUMENT # P04000017245			
1. Entity Name DARRYL'S HOME IMPROVEMENTS, PAINTING, ROOF REPAIRS, PRESSURE WASHING, CARPENTRY, INC.			
Principal Place of Business 1212 W. 3RD ST. SANFORD FL 32771		Mailing Address 1212 W. 3RD ST. SANFORD FL 32771	
2. Principal Place of Business 1214 W. 3RD ST. Sanford FL		3. Mailing Address P.O. Box 179 Suite, Apt. #, etc.	
City & State Sanford FL		City & State Sanford FL	
Zip 32771	Country U.S.	Zip 32771-0179	Country U.S.
6. Name and Address of Current Registered Agent TATE, DARRYL C 1212 W. 3RD ST. SANFORD FL 32771		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip _____	
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 <u><i>Darryl Tate</i></u> DATE <u><i>07-26-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P TATE, DARRYL C 1212 W 3RD ST SANFORD FL 32771	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
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 exemption stated in Section 119.07(3)(i), 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: <u><i>Darryl Tate</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>08-20-05</i></u> <u><i>Darryl C Tate</i></u> <small>Date Daytime Phone #</small>	

ATTACHMENT

106026296
P0400001245

07-26-05

To whom it may concern:
I relocated to 1214 W. 3rd
Str. about a year ago. The
first letter I received from
FL state is 2 weeks ago. If
it wasn't for that I wouldn't
have filed late. Could you
please waive my late fee. You
now have my correct address
and mailing address. Thank-you
for your time and patience.

Darryl Tate
P.O. Box 179
Sanford, FL 32771-0179