

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90038 023 \*\*\*150.00

**DOCUMENT # P04000034078**

1. Entity Name

**DILLMAN'S PAINTING, INC**



Principal Place of Business

**3301 CONWAY GARDEN'S RD  
ORLANDO FL 32806**

Mailing Address

**3301 CONWAY GARDEN'S RD  
ORLANDO FL 32806**

2. Principal Place of Business

**3308 Conway Garden's Rd**  
Suite, Apt. #, etc. **0**  
**ORLANDO FL**  
City & State

3. Mailing Address

**3308 Conway Garden's Rd**  
Suite, Apt. #, etc. **0**  
**ORLANDO FL**  
City & State



1st MOORE CR2E034 (10/04)

4. FEI Number

**20-0764027**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

Zip  
**32806**

Country  
**US**

Zip  
**32806**

Country  
**US**

6. Name and Address of Current Registered Agent

**DILLMAN, CARL E  
3301 CONWAY GARDEN'S RD  
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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)

**2-4-05**

DATE

**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 **\$5.00** May Be  
Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	DILLMAN, CARL E	3301 CONWAY GARDEN'S RD	ORLANDO FL 32806	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-4-05**

Date

Daytime Phone #