


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90296 017 \*\*\*150.00

<b>DOCUMENT # P04000039411</b> 1. Entity Name <b>DAN'S DRYWALL AND PAINTING, INC.</b>					
Principal Place of Business <b>7606 W LOUISIANA AVENUE TAMPA, FL 33615</b> <i>DAN'S Drywall</i>			Mailing Address <b>7606 W LOUISIANA AVENUE TAMPA, FL 33615</b>		
2. Principal Place of Business <b>7606 LOUISIANA</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>A09</b>		Suite, Apt. #, etc.			
City & State <b>Tampa</b>		City & State		4. FEI Number <b>306670054</b>	
Zip <b>33615</b>		Country <b>Fls</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROONEY, DAN 7606 W LOUISIANA AVENUE TAMPA, FL 33615</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: <i>[Signature]</i> DATE: <b>4/5/05</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005, 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>CEO</b>	NAME <b>ROONEY, DAN</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>7606 W LOUISIANA AVENUE</b>	CITY-ST-ZIP <b>TAMPA, FL 33615</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		<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: <i>[Signature]</i>			Date: <b>4/5/05</b> 813-8855212 <small>Daytime Phone #</small>		