

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90500 047 ***150.00

DOCUMENT # P04000059330

1. Entity Name
DENNIS MCGOWAN PAINTING, INC.



Principal Place of Business
**1532 LINDALE CIRCLE
LEHIGH ACRES, FL 33936**

Mailing Address
**1532 LINDALE CIRCLE
LEHIGH ACRES, FL 33936**

20053919



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-0999324

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BASSETT, WARREN
1300 ESTERO BLVD.
FT. MYERS BEACH, FL 33931**

Name **DENNIS W. MCGOWAN**
Street Address (P.O. Box Number is Not Acceptable)
1532 LINDALE CIRCLE

City **Lehigh Acres** FL Zip Code **33936**

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 **D. W. McGowan, Pres.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P**
STREET ADDRESS **MCGOWAN, DENNIS W**
CITY-ST-ZIP **25100 SAND HILL BLVD #H201
PUNTA GORDA, FL 33983** ☐ Delete

TITLE
NAME **P**
STREET ADDRESS **MCGOWAN, DENNIS W**
CITY-ST-ZIP **1532 LINDALE CIRCLE
LEHIGH ACRES, FL 33936** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **D. W. McGowan, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05 239-4040350

Date

Daytime Phone #