

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000069063	
1. Entity Name MISS D'S PROPER PAINTING & MORE, INC.	
Principal Place of Business 6843 N. TRAM ROAD HERNANDO, FL 34442 US	Mailing Address 6843 N. TRAM ROAD HERNANDO, FL 34442 US



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0632361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DUFOUR, PAUL J 26 W BLUE SAGE CT BEVERLY HILLS, FL 34465	DO NOT WRITE IN THIS SPACE
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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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**000000922291
05/15/08-80041-018 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEIN, DARRYLE 6843 N. TRAM ROAD HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEIN, DARRYLE 6843 N. TRAM ROAD HERNANDO, FL 34442
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: *Darryle J. Stein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2008
Date

Daytime Phone #