

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054651

FILED  
Sep 04, 2008  
Secretary of State

**Entity Name:** DAVE'S PAINTING OF NW FLA., INC.

**Current Principal Place of Business:**

928 HWY 20  
YOUNGTOWN, FL 32466

**New Principal Place of Business:**

**Current Mailing Address:**

928 HWY 20  
YOUNGTOWN, FL 32466

**New Mailing Address:**

**FEI Number:** 81-0669162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FARMER, DAVID P III  
928 HWY 20  
YOUNGTOWN, FL 32466 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: FARMER, DAVID P III  
Address: 928 HWY 20  
City-St-Zip: YOUNGTOWN, FL 32466

Title: DV ( ) Delete  
Name: WILSON, CAROLE  
Address: 928 HWY 20  
City-St-Zip: YOUNGTOWN, FL 32466

Title: AVP ( ) Delete  
Name: VINCENT, RONALD RUDY  
Address: 6242 BLUEGILL DRIVE  
City-St-Zip: PANAMA CITY, FL 32404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DAVID P. FARMER III

DPST

09/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date