

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90030 045 ***150.00

DOCUMENT # P05000148966

1. Entity Name
DONE RITE COMPLETE PAINTING, INC.



Principal Place of Business
**1813 CLACTON DRIVE
ORLANDO, FL 32837**

Mailing Address
**1813 CLACTON DRIVE
ORLANDO, FL 32837**

40010130

2. Principal Place of Business - No P.O. Box #
4409 LAKE CALASAY DR.
Suite, Apt. #, etc.

3. Mailing Address
4409 LAKE CALASAY DR.
Suite, Apt. #, etc.

01222007 Chg-P CR2E034 (12/06)

City & State
ORLANDO, FL.
Zip
32837

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ORLANDO, FL.
Zip
32837

4. FEI Number
20-3765308
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AYALA, DARIO J
1813 CLACTON DRIVE
ORLANDO, FL 32837**

7. Name and Address of New Registered Agent

Name
DIEGO AYALA
Street Address (P.O. Box Number is Not Acceptable)
4409 LAKE CALASAY DR.
City
ORLANDO FL Zip Code
32837

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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
AYALA, DARIO J
1813 CLACTON DRIVE
ORLANDO, FL 32837** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
AYALA, DIEGO
1813 CLACTON DRIVE
ORLANDO, FL 32837** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
DARIO J. AYALA
4409 LAKE CALASAY DR.
ORLANDO, FL 32837** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DIEGO AYALA
4409 LAKE CALASAY DR.
ORLANDO, FL 32837** ☒ Change ☐ Addition

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

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

TITLE
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☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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: SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #