## 2007 FOR PROFIT CORPORATION

## May 07, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P05000149115** DARYL ADAMS PAINTING & DRYWALL, INC, Principal Place of Business Mailing Address 345 SCOTTSDALE SQ 345 SCOTTSDALE SQ WINTER PARK, FL 32792 WINTER PARK, FL 32792 05022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3203503 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADAMS, DARYL J DO NOT WRITE 345 SCOTTSDALE SQUARE WINTER PARK, FL 32792 IN THIS SPACE 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 reinstating) DATE <u>U0000</u>0762176 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 05/25/07-80086-007 150.00 $\Box$ Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE ADAMS, DARYL J NAME STREET ADDRESS 345 SCOTTSDALE SQ CITY-ST-ZIP WINTER PARK, FL 32792 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

FILED