

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90039 039 ***150.00

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1. Entity Name *

DAN COULTER PAINTING INC



Principal Place of Business

6211 SW 41 PLACE
DAVIE FL 33314-3409
US

Mailing Address

6211 SW 41 PLACE
DAVIE FL 33314-3409
US



2. Principal Place of Business - No P.O. Box #

6211 SW 41 PLACE

Suite, Apt. #, etc.

3. Mailing Address

6211 SW 41 PLACE

Suite, Apt. #, etc.

DAVIE

1st MOORE

CR2E034 (10/07)

City & State

DAVIE, FLORIDA

City & State

FLORIDA

4. FEI Number

20-5264271

Applied For

Not Applicable

Zip

33314

Country

USA

Zip

33314

Country

USA BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COULTER, DANIEL RAY
6211 SW 41 PLACE
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 this filing officer.

(NOTE: Registered Agent Signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
COULTER, DANIEL RAY
6211 SW 41 PLACE
DAVIE FL 33314-3409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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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 Section 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

Display Form #