
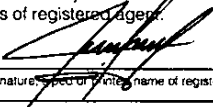
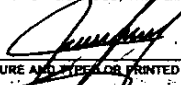


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90336 018 \*\*\*158.75

<b>DOCUMENT # P07000076978</b> 1. Entity Name <b>DEMA'S PLASTERING &amp; PAINTING CO.</b>					
Principal Place of Business <b>10610 N 30TH ST #8 H</b> <b>TAMPA, FL 33612</b>			Mailing Address <b>10610 N 30TH ST #8 H</b> <b>TAMPA, FL 33612</b>		
2. Principal Place of Business - No P.O. Box # <b>1303 E Fiererson AV</b> Suite, Apt. #, etc.		3. Mailing Address <b>1303 E Fiererson AV</b> Suite, Apt. #, etc.			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		4. FEI Number <b>41-2247306</b>	
Zip <b>33603</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEMA, YVELT</b> <b>10610 N 30TH ST #8 H</b> <b>TAMPA, FL 33612</b>				7. Name and Address of New Registered Agent Name <b>YVELT DEMA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1303 E Fiererson Avc.</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33603</b>	
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) <span style="float: right;">DATE <b>4-25-08</b></span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMA, YVELT 10610 N 30TH ST #8 H TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YVELT DEMA 1303 E Fiererson Ave Tampa FL 33603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date <b>4-25-08</b> Daytime Phone # <b>813-458-0680</b>		