


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000023211 1. Entity Name DAVE & JOHNS PAINTING INC.	
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Principal Place of Business 245 CANBY CIRCLE SPRINGHILL, FL 34606 US	Mailing Address 245 CANBY CIRCLE SPRINGHILL, FL 34606 US
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P. CR2E034 (11/05)

4. FEI Number 59-3231828	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WADSWORTH, DAVID R
 245 CANBY CIRCLE
 SPRINGHILL, FL 34606

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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]* **Owner** DATE: 4/14/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000899773
 04/29/08-80001-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WADSWORTH, DAVID R 245 CANBY CIR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROGAN, ANDREW J 3147 MUIR STREET HOLIDAY, FL 346913155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADSWORTH, JEANETTE 245 CANBY CIRCLE SPRINGHILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 another like empowered.

SIGNATURE: *[Signature]* DATE: 4/14/08 DAYTIME PHONE #: 3526843823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR