

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # *P94000027495*

1. Entity Name

*Mike DeBole Painting Inc.*



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN -9 AM 8:57

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*522 BALL ST*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

*NEW Smyrna FLA*

City & State

4. FEI Number

*59-3232876*

Applied For

Not Applicable

Zip

*32168*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Michael DeBole*

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

*522 BALL ST*

City

*NEW Smyrna*

FL

Zip Code

*32168*

**DO NOT WRITE  
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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

*DeBole Michael  
522 BALL ST.  
NEW Smyrna FLA 32168*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*200155102492  
05/01/09--01044--016 \*\*150.00*

TITLE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael DeBole*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #