## 2004 FOR PROFIT CORPORATION

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## **ANNUAL REPORT**

DOCUMENT # P94000059552

PAUL DAVIS RESTORATION, INC. OF PASCO



Mailing Address Principal Place of Business

7944 RUTILIO CT

NEW PORT RICHEY, FL 34653

7944 RUTILIO CT

NEW PORT RICHEY, FL 34653 115

02132004

No Chg-P

CR2E034 (10/03)

П

**FILED** 

Apr 01, 2004 08:00 AM Secretary of State

4. FEI Number 59-3267155 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANNENMILLER, RICHARD 7944 RUTILIO COURT NEW PORT RICHEY, FL 34653

the obligations of registered agent.

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SIGNATURE.	Signature. Niped or printed name of registered agont and tible of	i applicable (NOTE, Registered Agent signali	ine required when reinstating)	ປກດດດວນກີໃ <sup>ນ</sup> ້ອນ
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	04/01/04-80004-009 150.00
10.	OFFICERS AND DIREC	TORS		<u> </u>
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD DANNENMILLER, RICHARD 329 BAYVIEW DR., N.E SAINT PETERSBURG, FL 33704			
THEE NAME STREET ADDRESS	SD DANNEMILLER, CHRISTINE M 329 BAYVIEW DR., N.E			

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

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supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes, I further certify that the information into 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 frustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with at their like empowered. I hereby certify that the inform indicated on this report or sup of the corporation or the recalit changed, or on an atta

SIGNATURE:

TATLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP DDF

CHY ST-ZIP

STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CRY SI-ZIP

> RICHARD DANNENMILLER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR