## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P97000013157 04-27-2005 90327 046 \*\*\*150.00 1. Entity Name DAVID GUTHRIE'S PAINTING, INC. Principal Place of Business Mailing Address 1400000 9091 SEAFAIR LANE 9091 SEAFAIR LANE TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 AM 2. Principal Place of Business 3. Mailing Address 4097 Forsythe Park Circle Park Circle 4097 Forsythe Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Tallahassee, FL Tallahassee 59-3425912 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired United States United States 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent David D. Guthrie GUTHRIE, DAVID D II 9091 SEAFAIR LANE TALLAHASSEE, FL 32317 32309 rallanassee, 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 TNOTE: Registered Agent signature regured when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE No. Change TITLE buthrie, David D. **GUTHRIE, DAVID D** NAME NAME 4097 Forsythe Park Circle STREET ADDRESS 9091 SEAFAIR LANE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP Tallahassee, FL 32309 Delete Change ■ Addition TITLE TITLE NAME HAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition Change TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change | ☐ Delete TITLE TITLE MARAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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. David D. Guthrie SIGNATURE: \_\_ Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED