

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90356 005 ***150.00

DOCUMENT # P98000044457

1. Entity Name
RICHARD A. DAVIS, JR. PAINTING, INC.



Principal Place of Business
**4452 WORCESTER ROAD
SARASOTA, FL 34231**

Mailing Address
**4452 WORCESTER ROAD
SARASOTA, FL 34231**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0834697

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, PAMELA
4452 WORCESTER ROAD
SARASOTA, FL 34231**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | VP |
| NAME | DAVIS, RICHARD A JR. |
| STREET ADDRESS | 4452 WORCESTER ROAD |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | P |
| NAME | ROBERTS, PAMELA |
| STREET ADDRESS | 4452 WORCESTER ROAD |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | S |
| NAME | DAVIS, CAROL A |
| STREET ADDRESS | 2481 SHALIMAR TERRACE |
| CITY-ST-ZIP | NORTH PORT, FL 34286 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

PAMELA ROBERTS
Pamela Roberts
PRESIDENT
President

4-12-06

941-923-7210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #