

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90013 034 ***150.00

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1. Entity Name
DAVIS PAINTING SERVICES INC.



Principal Place of Business
1846 TARA MARIE LANE
APT. B
PORT ORANGE, FL 32128

Mailing Address
1846 TARA MARIE LANE
PORT ORANGE, FL 32128

94046067



DO NOT WRITE IN THIS SPACE

02112004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3512622

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, CHRISTOPHER
1846 TARA MARIE LANE
APT. B
PORT ORANGE, FL 32128

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PS
NAME DAVIS, CHRIS
STREET ADDRESS 1846 TARA MARIE LANE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE T
NAME WILLIAMS, RANDY
STREET ADDRESS 1846 TARA MARIE LANE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE V
NAME BALDWIN, ANDREW
STREET ADDRESS 1846 TARA MARINE LANE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04
Date

760-4711
Daytime Phone #