

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90047 023 ***150.00

DOCUMENT # P98000045115

1. Entity Name

DAVIS PAINTING SERVICES INC.



Principal Place of Business

1926 FERN PLACE
DAYTONA BEACH, FL 32119

Mailing Address

1926 FERN PLACE
DAYTONA BEACH, FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172005

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

7. Name and Address of New Registered Agent

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

Name

Davis, Christopher

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

1926 Fern Place

City

Daytona Bch

FL

Zip Code

32119

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, 2005 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	<input type="checkbox"/> Delete
NAME	DAVIS, CHRIS	
STREET ADDRESS	1846 TARA MARIE LANE	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, RANDY	
STREET ADDRESS	1846 TARA MARIE LANE	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE	V	<input type="checkbox"/> Delete
NAME	BALDWIN, ANDREW	
STREET ADDRESS	1846 TARA MARINE LANE	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Davis, Christopher</i>	
STREET ADDRESS	<i>1926 Fern Place</i>	
CITY-ST-ZIP	<i>Daytona Bch, FL 32119</i>	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Williams, Randy</i>	
STREET ADDRESS	<i>1703 Calistoga Circle</i>	
CITY-ST-ZIP	<i>Port Orange, FL 32128</i>	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Baldwin, Andrew</i>	
STREET ADDRESS	<i>2020 Mike Street</i>	
CITY-ST-ZIP	<i>South Daytona, FL 32119</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Chris A. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-05
Date

386-760-4711
Daytime Phone #