


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90051 007 ***150.00

DOCUMENT # P98000100068	
1. Entity Name WAYNE DEESE PAINTING, INC.	

Principal Place of Business 6906 JOHN ROWE ROAD MACCLENNY FL 32063	Mailing Address 6906 JOHN ROWE ROAD MACCLENNY FL 32063
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2. Principal Place of Business <i>PAINTING mobile</i>	3. Mailing Address <i>6906 John Rowe Rd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>TAX FIA</i>	City & State <i>MACCLENNY FIA.</i>	4. FEI Number 59-3541957	Applied For <input type="checkbox"/>
Zip <i>Duval</i>	Country <i>Duval</i>	5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent DEESE, DONALD W 6906 JOHN ROWE ROAD MACCLENNY FL 32063	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Donald W Deese* DATE: *1-26-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEESE, DONALD W 6906 JOHN ROWE ROAD MACCLENNY FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEESE, DORIS 6906 JOHN ROWE ROAD MACCLENNY FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Donald W Deese* DATE: *1-26-05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #