

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000010622**

1. Entity Name

D.C. PAINTING & DECORATING, INC.



Principal Place of Business

1774 GRACELYN DR.  
CLEARWATER FL 33756

Mailing Address

1774 GRACELYN DR.  
CLEARWATER FL 33756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3569221

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

COLEY, DAVID A  
1774 GRACELYN DR.  
CLEARWATER FL 33756

Name

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

City

**FL**

Zip Code

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 the agent

SIGNATURE

Signature, typed or printed name of registered agent

and, if applicable

Signature

Signature of officer or director

or

Signature

of

officer or

director

or

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officer or

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9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLEY, DAVID A 1774 GRACELYN DR. CLEARWATER FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLEY, PATRICIA L 1774 GRACELYN DR. CLEARWATER FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David A. Coley*  
DAVID A. COLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 727-449-8586

Date

Daytime Phone #