## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 05, 2008 8:00 am **Secretary of State DOCUMENT # S20638** 02-05-2008 90007 007 \*\*\*150.00 1. Entity Name D. & J. PAINTING & WATERPROOFING INC. Principal Place of Business Mailing Address QUULVAT 7203 CREEK DR 7203 CREEK DR NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. FEI Number 59-3049889 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANNING, LOUIS P Street Address (P.O. Box Number is Not Acceptable) 260 7TH AVE N SAFETY HARBOR, FL 34695 Zip Code City FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE Change LANNING, DONALD E NAME NAME STREET ADDRESS 7203 CREEK DR STREET ADDRESS NEW PORT RICHEY, FL 34655 CITY-ST-ZIP City-St-ZiP ☐ Delete Addition TITLE TITLE ☐ Change NAME LANNING, DONALD J NAME STREET ADDRESS 7203 CREEK DR STREET ADDRESS NEW PORT RICHEY, FL 34655 CITY-ST-ZIP CITY-ST-ZIP TITLE Sec/Treas Delete TITLE ☐ Change ☐ Addition NAME NAME Lanning, Jennifer STREET ADDRESS STREET ADDRESS 7203 Creek Dr CITY-ST-ZIP CITY-ST-ZIP 34655 Delete New Port Richey, FL TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED