

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 438468

Entity Name: FLORIDA STRIPING, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2991 INDIANA STREET  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 801  
MELBOURNE, FL 32902

**New Mailing Address:**

FEI Number: 59-1500030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRISON, TODD  
2991 INDIANA STREET  
MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P D  
Name: HARRISON, TODD  
Address: 2991 INDIANA STREET  
City-St-Zip: MELBOURNE, FL 32904

Title: S T  
Name: HARRISON, BARBARA  
Address: 2991 INDIANA STREET  
City-St-Zip: MELBOURNE, FL 32904

Title: VP  
Name: HARRISON, MARSHALL  
Address: 2951 INDIANA ST  
City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA HARRISON

ST

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date