

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000006052

1. Entity Name

STRAIGHT LINE MARKING INC.



Principal Place of Business

**1227 S.E. 8TH STREET, #50
CAPE CORAL, FL 33990**

Mailing Address

**6105 FAIRLANE DRIVE
CLARENCE CENTER, NY 14032**

FILED
May 01, 2006 08:00 AM
Secretary of State



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number

16-1366345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GIBBON, NICKOLAS
1227 S.E. 8TH STREET, #50
CAPE CORAL, FL 33990**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SERVER, MARY M**
STREET ADDRESS **6105 FAIRLANE DRIVE**
CITY-ST-ZIP **CLARENCE CENTER, NY 14032**

TITLE **T**
NAME **SERVER, GARY E**
STREET ADDRESS **6105 FAIRLANE DRIVE**
CITY-ST-ZIP **CLARENCE CENTER, NY 14032**

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000000548160
05/12/06-80050-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-5-06 716 741-900