



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90270 041 ***158.75

DOCUMENT # F94000005309 1. Entity Name AERCO SANDBLASTING COMPANY					
Principal Place of Business 429 N. JACKSON ST. LIMA, OH 45801				Mailing Address 429 N. JACKSON ST. LIMA, OH 45801	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02032005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 34-1140818	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVERHARDT, KEVIN 210-176TH TERRACE DR. REDINGTON SHORE, FL 33708				7. Name and Address of New Registered Agent Name CHARLES E. REFFITT, JR. Street Address (P.O. Box Number is Not Acceptable) 3319 MANGROVE DR. City SPRINGHILL FL Zip Code 34607	
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 <u>Charles E. Reffitt</u> CHARLES E. REFFITT, JR./SUPERVISOR 2-24-05 <small>Signature, typed or printed name of registered agent (Print title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, PEARL 3131 HOPEWELL LIMA, OH 45801	<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	PD MILLER, NORMA J 3131 HOPEWELL LIMA, OH 45801	<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: <u>Pearl Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PEARL MILLER, PRESIDENT 2-24-05 419)224-2464 <small>Date Daytime Phone #</small>		