

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50620

FILED
Jan 21, 2004
Secretary of State

Entity Name: CENTER-LINE ROAD STRIPING, INC.

Current Principal Place of Business:

8150 BLAIE CT
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

8150 BLAIE CT
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 65-0087484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELAGARZA, JOSEPH
8150 BLAIE CT
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

DELAGARZA, JOSEPH
8150 BLAIE CT
SARASOTA, FL 34240 US

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: JOSEPH DELAGARZA

01/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DELAGARZA, JOSEPH,
Address: 8150 BLAIE CT
City-St-Zip: SARASOTA, FL 34240

Title: VS () Delete
Name: DELAGARZA, CAROL N
Address: 8150 BLAIE CT
City-St-Zip: SARASOTA, FL 34240

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: DELAGARZA, CAROL N
Address: 8150 BLAIE CT
City-St-Zip: SARASOTA, FL 34240

Title: TRES () Change (X) Addition
Name: DELAGARZA, JOSEPH
Address: 8150 BLAIE CT
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAROL DELAGARZA

VS

01/21/2004

Electronic Signature of Signing Officer or Director

Date