



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90053 003 ***158.75

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|--|---|--|--|--|--|
| DOCUMENT # P00000094400 1. Entity Name BLASTMASTERS PAINTING, INC. | | | |  | |
| Principal Place of Business 2338 IMMOKALEE RD., #328 NAPLES, FL 34110 | | | | Mailing Address 2338 IMMOKALEE RD., #328 NAPLES, FL 34110 | |
| 2. Principal Place of Business 5830 Yahl ST Suite, Apt. #, etc. Suite B City & State NAPLES FL Zip 34109 | | 3. Mailing Address 2338 Immokalee Rd Suite, Apt. #, etc. # 328 City & State NAPLES FL Zip 34110 | |  | |
| Country USA | | Country USA | | 03052006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 59-3680532 | | | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ATON, ANNE K 3636 EL SEGUNDO CT. NAPLES, FL 34109 | | | 7. Name and Address of New Registered Agent Name Kevin Sheehy Street Address (P.O. Box Number is Not Acceptable) 9144 QUARTERMOON DR City NAPLES FL Zip Code 34109 | | |
| 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><i>K. Sheehy</i></u> DATE <u>3/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | P SHEEHY, KEVIN 9144 QUARTERMOON DRIVE NAPLES, FL 34109 <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 | VP POLLIO, MARK 27557 OREGON STREET BONITA SPRINGS, FL 34135 <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 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. | | | | | |
| SIGNATURE: <u><i>K. Sheehy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>3/10/06</u> Daytime Phone # <u>239 404-3888</u> | | |