

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-13-2006 90017 033 ***150.00

DOCUMENT # P01000024872

1. Entity Name

M & J STRIPING, INC.



Principal Place of Business

108 N HALSEMA RD
JACKSONVILLE FL 32220

Mailing Address

11025 W BEAVER ST
488
JACKSONVILLE FL 32220



2. Principal Place of Business

8356 US Hwy 301

Suite, Apt. #, etc.

~~100~~ ~~100~~ ~~100~~

City & State

BRYCEVILLE FL

Zip

32009

Country

NASSAU

3. Mailing Address

M+J Striping Inc

Suite, Apt. #, etc.

PO Box 130

City & State

BRYCEVILLE FL

Zip

32009

Country

NASSAU

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3693401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TILLEY, STEPHEN E
4206 BAYMEADOWS RD
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MAINS, FRANK M
STREET ADDRESS 8579 THIMS AVE
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE D ☐ Delete
NAME MAINS, DONNA C
STREET ADDRESS 8579 THIMS AVE
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE D ☐ Delete
NAME JOHNSON, RANDALL V
STREET ADDRESS 12768 OLD PLANK RD.
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE D ☐ Delete
NAME JOHNSON, BETTY JEAN
STREET ADDRESS 12768 OLD PLANK ROAD
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Randall Johnson*

1-31-06

904-759-9285