


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90044 012 \*\*\*150.00

<b>DOCUMENT # P03000141684</b>	
1. Entity Name <b>INTEGRITY PAVEMENT MARKINGS AND REPAIRS, INC.</b>	

Principal Place of Business <b>34342 WHISPERING OAKS BLVD. DADE CITY, FL 33523 US</b>	Mailing Address <b>34342 WHISPERING OAKS BLVD. DADE CITY, FL 33523 US</b>
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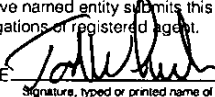
2. Principal Place of Business <b>14126 North Hwy 301</b> Suite, Apt. #, etc.	3. Mailing Address <b>14126 North Hwy. 301</b> Suite, Apt. #, etc.
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City & State <b>Thonotosassa FL</b>	City & State <b>Thonotosassa FL</b>
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Zip <b>-33592</b>	Country <b>Hillsborough</b>	Zip <b>33592</b>	Country <b>Hillsborough</b>
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6. Name and Address of Current Registered Agent <b>WHEELER, TAD B PRES 34342 WHISPERING OAKS BLVD. DADE CITY, FL 33523</b>	
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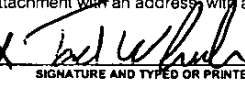
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>14126 North Hwy 301</b> City <b>Thonotosassa</b> FL Zip Code <b>33592</b>	
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8. The above named entity submits this statement for the purpose of changing 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:  DATE: <b>1-18-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES WHEELER, TAD B PRES 34342 WHISPERING OAKS BLVD. DADE CITY, FL 33523</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>address only 14126 North Hwy. 301 Thonotosassa, FL 33592</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  <b>X 1-18-06</b> <b>X 813-714-5593</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	
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