

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90363 019 \*\*\*150.00

**DOCUMENT # P04000031194**



1. Entity Name  
**JAY'S AIRBRUSH SHOP, INC.**

Principal Place of Business

**110 LEA PLACE  
CRESTVIEW, FL 32539**

Mailing Address

**110 LEA PLACE  
CRESTVIEW, FL 32539**

2. Principal Place of Business

**3130 Bay Ridge Road**

3. Mailing Address

**3130 Bay Ridge Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Crestview, FL**

City & State

**Crestview, FL**

Zip

**32539**

Country

Zip

**32539**

Country

01152006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20-0698479**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JARAMILLO, JAY  
110 LEA PLACE  
CRESTVIEW, FL 32539**

7. Name and Address of New Registered Agent

Name

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

**3130 Bay Ridge Road**

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 of registered agent or authorized officer of the corporation

Signature of registered agent or authorized officer of the corporation

Date

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JARAMILLO, JAY  
STREET ADDRESS 110 LEA PLACE  
CITY ST ZIP CRESTVIEW, FL 32539

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

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 3130 Bay Ridge Road  
CITY ST ZIP

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  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**✓ 4/14/06**

**850-305-0465**