

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90818 024 ***150.00

DOCUMENT # P04000094333 1. Entity Name FLORIDA SPRAY TECHS, INC.			
Principal Place of Business 7801 SAN CARLOS DRIVE FORT PIERCE, FL 34951		Mailing Address 7910 James Rd FORT PIERCE, FL 34951	
2. Principal Place of Business - No P.O. Box # 7910 JAMES ROAD Suite, Apt. #, etc.		3. Mailing Address 7910 JAMES ROAD Suite, Apt. #, etc.	
City & State FT. PIERCE, FL Zip 34951-2182		City & State FT. PIERCE, FL Zip 34951-2182	
Country USA		Country USA	
4. FEI Number 86-1110758		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLUMMER, RONDA 7801 SAN CARLOS DRIVE FORT PIERCE, FL 34951		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7910 JAMES ROAD City FT. PIERCE	
State FL		Zip Code 34951-2182	
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>R. Plummer</i></u> DATE: <u>2/24/07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D <input type="checkbox"/> Delete PLUMMER, RONDA 7801 SAN CARLOS DRIVE FORT PIERCE, FL 34951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7910 JAMES ROAD FT. PIERCE, FL 34951-2182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PLUMMER, WILLIAM 7801 SAN CARLOS DRIVE FORT PIERCE, FL 34951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7910 JAMES ROAD FT. PIERCE, FL 34951-2182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>R. Plummer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/26/07</u> Daytime Phone #: <u>7724605574</u>	