## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000126604

FILED Apr 20, 2006 Secretary of State

Entity Name: ETCHING PLUS, INC **Current Principal Place of Business: New Principal Place of Business:** 1037-2 NORTH EDGEWOOD AVE. JACKSONVILLE, FL 32254 **Current Mailing Address: New Mailing Address:** 1037-2 NORTH EDGEWOOD AVE. JACKSONVILLE, FL 32254 FEI Number: 27-0102624 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, PATRICE P 8545 LAÚRENS RD JACKSONVILLE, FL 32208 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition PURDY, EVELYN BROWN, PATRICE Name: Name: 4903 ROANOKE BLVD 8545 LAURENS ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32208 Title: (X) Change ( ) Addition Title: () Delete BROWN, PATRICE P Name: Name: BALLARD, EDWIN L JR. 8545 LAURENS RD 8545 LAURENS ROAD Address: Address: JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 City-St-Zip: City-St-Zip: Title: ( ) Delete (X) Change ( ) Addition Title: PURDY, BENJAMIN SR PURDY, BENJAMIN SR Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Ρ SIGNATURE: PATRICE BROWN 04/20/2006

1037-2 NORTH EDGEWOOD AVE.

( ) Delete

JACKSONVILLE, FL 32254

JACKSONVILLE, FL 32208

BALLARD, DEMETRIS

8545 LAURENS RD

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

4533 W. MARLBORO CIRCLE

() Change () Addition

JACKSONVILLE, FL 32206