2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172412

Name:

Address:

City-St-Zip:

JENKINS, HARLEY G

CANTONMENT, FL 32533

772 TATE RD.

Entity Name: SAND BLAST ENTERTAINMENT INC

FILED Mar 23, 2009 Secretary of State

	. O/ ((1) DE/	OT ENTERTY MUNICIPALITY			
Current Pr	incipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
1511 GOLDENROD CANTONMENT, FL 35233				1511 GOLDENROD RD CANTONMENT, FL 35233	
Current Ma	ailing Address	::	New Mailing Address	New Mailing Address:	
1511 GOLDENROD CANTONMENT, FL 32533				1511 GOLDENROD RD CANTONMENT, FL 32533	
FEI Number:	13-4291708	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	ırrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
WINE, CIN 1511 GOLE CANTONM		3 US		WINE, CINDY L 1511 GOLDENROD RD CANTONMENT, FL 35233 US	
The above in the State		ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				03/23/2009	
Election Carr		c Signature of Registered Age Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () WINE, CINDY L 1511 GOLDENR CANTONMENT,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () WINE, JASON A 1511 GOLDENR CANTONMENT,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	D ()	Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JASON A WINE V 03/23/2009