
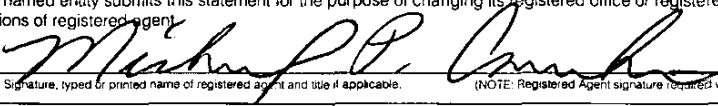
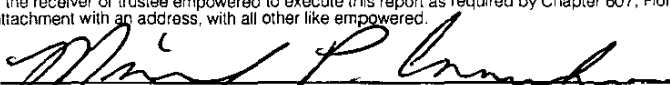


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90040 008 \*\*\*150.00

<b>DOCUMENT # P05000018840</b> 1. Entity Name <b>MICHAEL CAMACHO SANDBLASTING, INC.</b>					
Principal Place of Business <b>148 SOUTH BAILEY ROAD WAUCHULA, FL 33873 US</b>			Mailing Address <b>148 SOUTH BAILEY ROAD WAUCHULA, FL 33873 US</b>		
2. Principal Place of Business <b>514 3rd St. W.E.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>514 3rd St. N.E.</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Ft. Meade, FL.</b> Zip <b>33841</b> Country <b>Polk</b>		City & State <b>Ft. Meade, FL.</b> Zip <b>33841</b> Country <b>Polk</b>		4. FEI Number <b>202293131</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07032006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>CAMACHO, MICHAEL P</b> <b>148 SOUTH BAILEY ROAD</b> <b>WAUCHULA, FL 33873</b>			7. Name and Address of New Registered Agent Name <b>Michael P. Camacho</b> Street Address (P.O. Box Number is Not Acceptable) <b>514 3rd St. N.E.</b> City <b>Ft. Meade</b> <b>FL</b> Zip <b>33841</b>		
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:  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T <input type="checkbox"/> Delete <b>CAMACHO, MICHAEL P</b> <b>148 SOUTH BAILEY ROAD</b> <b>WAUCHULA, FL 33873</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Michael P. Camacho</b> <b>514 3rd St. N.E.</b> <b>Ft. Meade FL. 33841</b>		
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		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					