


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

07-18-2006 90083 026 \*\*\*150.00

DOCUMENT # P05000037897		
1. Entity Name ORANGE STATE PLASTERING, INC		

40099602



Principal Place of Business 2472 SE ALFONSO AVENUE PORT ST LUCIE, FL 34952 US	Mailing Address 2472 SE ALFONSO AVENUE PORT ST LUCIE, FL 34952 US
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2. Principal Place of Business 2472 Alfonso Ave Suite, Apt. #, etc. Home	3. Mailing Address 2472 Alfonso Ave. Suite, Apt. #, etc. Home
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City & State Port St. Lucie Fla.	City & State Port St. Lucie Fla.
Zip 34952	Country USA

07122006 Chg-P CR2E034 (11/05)

4. FEI Number 42-1680232	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTIN, MICHAEL S 2225 SE TRILLO STREET PORT ST LUCIE, FL 34952	
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7. Name and Address of New Registered Agent Name Michael S. Martin Street Address (P.O. Box Number is Not Acceptable) 2472 SE Alfonso Ave City Port St. Lucie FL Zip Code 34952	
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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 Michael Martin Michael Martin 7.14.06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, MICHAEL S 2225 SE TRILLO STREET PORT ST LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, CHRISTINA D 2225 SE TRILLO STREET PORT ST LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Martin Michael S 2472 Alfonso Ave Port St Lucie, FL 34952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Martin Christina D 2472 SE Alfonso Ave. Port St Lucie FL 34952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Michael S. Martin Michael S. Martin 7.14.06 772-528-9842  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #