

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145715

Entity Name: SANDMAN SANDBLASTING, INC.

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

4418 N. CANAL CIRCLE
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

4418 N. CANAL CIRCLE
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 20-5934939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXSY, JASON
4418 N. CANAL CIRCLE
N. FORT MYERS, FL, FL 33903 US

Name and Address of New Registered Agent:

ALEXSY, JASON
4418 N. CANAL CIRCLE
N. FORT MYERS, FL 33903 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: JASON ALEXSY

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ALEXSY, MARILYN
Address: 4418 N. CANAL CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: TRES () Delete
Name: ALEXSY, MARILYN
Address: 4418 N. CANAL CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: SECT () Delete
Name: CONWAY, LALANYA
Address: 4418 N. CANAL CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: COVP () Delete
Name: ALEXSY, PETER
Address: 4418 N. CANAL CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: COVP () Delete
Name: CONWAY, JEFF
Address: 4418 N CANAL CIRCLE
City-St-Zip: N FT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARILYN ALEXSY

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date