

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000002951

Entity Name: ATLANTIC SANDBLASTING, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

550 NW 3 AVENUE
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 949497
FLORIDA CITY, FL 330340197

New Mailing Address:

FEI Number: 65-0382875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAIR, PERRY
432 N WASHINGTON AVE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: JAMES, MCCRAY
Address: 29101 SW 147TH AVE.
City-St-Zip: LEISURE CITY, FL 33033

Title: VSTD () Delete
Name: RASKA, DAVID
Address: 19740 SW 264 STREET
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAMES MCCRAY

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date