2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** DOCUMENT # P94000091049 Mar 22, 2006 08:00 AN 1. Entity Name Secretary of State BRYANIKE MIL-SPEC INDUSTRIAL PAINTING, INC. Principal Place of Business Mailing Address 7000 IRIS AVENUE SARASOTA FL 34243 P.O. BOX 806 TALLEVEST FL 34270 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0539865 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, R. BRYAN Street Address (P.O. Box Number is Not Acceptable) 6004 8TH AVENUE WEST **BRADENTON FL 34209** City Zip Code 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 re of registered agent and title if applicable Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE □ Change Addition NAME BAKER, ROBERT B NAME STREET ADDRESS 2711 72ND CT WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BAKER, MICHAEL C NAME. STREET ADDRESS 3229 BAILEY RD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34237 CITY-ST-ZIP TITLE Delete TITLE □ Change Addition U00000476680 04/06/06-80020-015 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ĦΨ ☐ Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

THE REAL PRINTED PRINTED NAME OF SIGNING OFFICER OF DIRECTOR BANGET 20MG NO 6 941-0519881