2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 19, 2008 8:00 am Secretary of State DOCUMENT # P94000091049 1. Entity Name 02-19-2008 90030 020 \*\*\*150.00 BRYANIKE MIL-SPEC INDUSTRIAL PAINTING, INC. Principal Place of Business Mailing Address P.O. BOX 806 TALLEVEST FL 34270 7000 IRIS AVENUE SARASOTA FL 34243 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0539865 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, R. BRYAN Street Address (P.O. Box Number is Not Acceptable) 6004 8TH AVENUE WEST **BRADENTON FL 34209** 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, typed or printed varior of registered agent and title Tappicacio FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD Delete TITLE TITLE ☐ Addition R. Bryan BALER GOOY Sty AUR Dr West BAKER, ROBERT B NAME NAME 2711 72ND CT WEST STREET ADDRESS. STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP Bradenton Fla 34209 CITY-ST-712 VD ☐ Delete TITLE ☐ Addition TITLE licharl C BAKER BAKER, MICHAEL C NAME NAME 11402 3rd AURE STREET ADDRESS 3229 BAILEY RD STREET ADDRESS SARASOTA FL 34237 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition TITS F ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIF CITY-S1-ZIP TITI F ☐ Delete TITLE Change ☐ Addition HAME 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

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