2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 31, 2005 08:00 AM DOCUMENT # P95000015227 **Secretary of State** 1. Entity Name HOLLAND SANDBLASTING AND COATING, INC. Principal Place of Business Mailing Address 11075 BLASIUS ROAD JACKSONVILLE FL 32226 11075 BLASIUS ROAD JACKSONVILLE FL 32226 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-0561279 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEANINE D. HOLLAND Street Address (P.O. Box Number is Not Acceptable) 9111 BEAULCERC CIRCLE EAST JACKSONVILLE FL 32257 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 Signature, typed or printed name of registered agent and tritle if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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. 11. Delete THE Change Addition TITLE HOLLAND, JEANINE D NAME NAME 11075 BLASIUS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32226 CHTY-\$1-ZIP ☐ Delete Change ☐ Addition TITLE NAME U00000205468 01/31/05-80045-013 150.00 STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-71P Addition TITLE ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CHY-SI-7@ CITY-ST-ZIP Delete THILE Change | ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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

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