

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000011286

Entity Name: AIRBRUSH HEADQUATERS INC

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

15017 EMERALD COAST PKWY  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

15017 EMERALD COAST PKWY  
DESTIN, FL 32541

**New Mailing Address:**

79 LOON LAKE DRIVE  
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3376200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, SCOTT W  
79 LOON LAKE DR  
SANTA ROSA BEACH, FL 32459 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: P  
Name: WILSON, SCOTT  
Address: 79 LOON LAKE DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S  
Name: WILSON, JENIFER S  
Address: 79 LOON LAKE DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby 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 all other like empowered.

SIGNATURE: SCOTT WILSON

P

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date