2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AM Secretary of State

DOCUMENT # P96000037533 1. Entity Name STA-BRITE REFINISHING, INC.	Secretary of State
Principal Place of Business 1875 MONTICELLO ST DELTONA, FL 32738 Mailing Address 1875 MONTICELLO ST DELTONA, FL 32738	
DO NOT WRITE IN THIS SPACE	D1102006 No Chg-P CR2E034 (11/05) 4. FE) Number Applied For S9-3374129 Not Applied For Not Applied For Securificate of Status Desired S8.75 Additional Fee Required
HASWELL, NANCY L 1875 MONTICELLO ST DELTONA, FL 32738	DO NOT WRITE IN THIS SPACE
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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or pinking in the discrete agent and into a applicable. Indie: Registered Agent agreemer requires required agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or pinking in the discrete agent and into a applicable. Indie: Registered Agent agreemer requires required agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.	ncing \$5.00 May Be Added to Fees
TITLE PD HASWELL, NANCY SHREF ADDRESS CITY ST-ZIP DELTONA, FL 32738 TIDLE VP NAMC HASWELL, MARK STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 TITLE NAME STREET ADDRESS CITY-ST-ZIP	UN0000420157 02/15/06-80036-018 150.00 DO NOT WRITE IN THIS SPACE
ITILE NAME SIRET ADDRESS CITY-ST-ZIP IDLE NAME SIRET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this report or supplemental report is true and accurate and that my signs of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.	emptions contained in Chapter 119, Florida Statutes. I turther certily that the information sture shall have the same legal effect as if made under oath, that I am an officer or director fred by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11