

\* Note: Unable to download 2006 form. Everything still the same as 2005.

2006

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

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P97000004275**

1. Entity Name

**BULLSEYE POWDER COATING AND METAL  
PREPARATION, INC.**



Principal Place of Business

**14016 SW 140 ST  
MIAMI FL 33186  
US**

Mailing Address

**14016 SW 140 ST  
MIAMI FL 33186  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

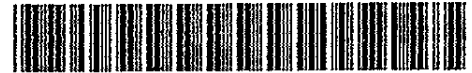
4. FEI Number

**65-0717793**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**ORRIOLS, LUZ D  
14016 SW 140 ST.  
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May  
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE

**D**

☐ Delete

NAME

**LLOYD, PETER W**

STREET ADDRESS

**15770 101ST TERR NORTH**

CITY - ST - ZIP

**JUPITER FL 33478**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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05/15/06-80027-018 150.00**

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SIGNATURE

*Peter W Lloyd*

**Peter W. Lloyd**

**4-28-05**

**305-278-2111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Peter W Lloyd*

**Peter W. Lloyd**

**4-29-06**

**305-278-2111**

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 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 changed, or on an attachment with an address, with all other like empowered.