## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED May 02, 2006 08:00 AM Secretary of State **DOCUMENT # P97000060955** 1. Entity Name DAN'S TRIM STRIPING, INC. Principal Place of Business Mailing Address 229 MICHAEL AVENUE 229 MICHAEL AVENUE MARY ESTHER, FL 32569 MARY ESTHER, FL 32569 04302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3459958 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STURGEN, WILLIAM M JR DO NOT WRITE 2253 COUNTRY PLACE CIRCLE PENSACOLA, FL 32534-9501 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 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPT mu BAGGETTE, DANIEL P NAME STREET ADDRESS 229 MICHAEL AVENUE CITY-ST-ZIP MARY ESTHER, FL 32569 mle **DVPS** BAGGETTE, ROSANNE NAME U00000558635 STREET ADDRESS 229 MICHAEL AVENUE 05/17/06-80103-012 150.00 CITY-ST-ZIP MARY ESTHER, FL 32569 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP me IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

to sanna

OS amos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: