2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/21/2005-90097-050-$150.00-$150.00

FILED

05 APR 18 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029723

1. Entity Name
ACRYLICRETE COATINGS, INC.

Principal Place of Business	Mailing Address
~~5543 BRECKENRIDGE CIRCLE~~ ~~ORLANDO, FL 32818~~ P. O. BOX 685 ~~CLARCONA, FL 32710~~	~~5543 BRECKENRIDGE CIRCLE~~ ~~ORLANDO, FL 32818~~ P. O. BOX 685 ~~CLARCONA, FL 32710~~

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02282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3706322

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DENTON, WAYNE
~~5443 BRECKENRIDGE CIRCLE~~ ~~XXXXXXXXXXXXX~~
~~ORLANDO, FL 32818~~ ~~XXXXXXXXXXXXXXXXX~~
5543 BRECKENRIDGE CIRCLE
ORLANDO, FLORIDA 32818

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~D~~	
NAME	DENTON, WAYNE	
STREET ADDRESS	~~5443 BRECKENRIDGE CIRCLE~~	P. O. BOX 685
CITY-ST-ZIP	~~ORLANDO, FL 32818~~	CLARCONA, FL 32710
TITLE	DP	
NAME	DENTON, WAYNE	
STREET ADDRESS	~~5543 BRECKENRIDGE CIRCLE~~	P. O. BOX 685
CITY-ST-ZIP	~~ORLANDO, FL 32818~~	CLARCONA, FL 32710
TITLE	DVPT	
NAME	DENTON, LAURIE	
STREET ADDRESS	~~5543 BRECKENRIDGE CIRCLE~~	P. O. BOX 685
CITY-ST-ZIP	~~ORLANDO, FL 32818~~	CLARCONA, FL 32710
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Duplicated

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

WAYNE K. DENTON

SIGNATURE: _____ PRES. 3/8/05 352-742-2904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/26 aw