

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90038 035 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000095444			
1. Entity Name SPACE AGE COATING CONCEPTS, INC.			
Principal Place of Business 2710 SOUTH ORLANDO DRIVE #1 SANFORD, FL 32773		Mailing Address 2710 SOUTH ORLANDO DRIVE #1 SANFORD, FL 32773	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FFI Number 27-0027273		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEROUX, R M 507D HERBERT STREET PORT ORANGE, FL 32129-3845		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 507A HERBERT ST. 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: _____ DATE: _____ Signature (Block 8) of the named registered agent is not applicable. (NOTE: Registered agent will be substituted when rendering.)			
FILE NOW!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
PCEO MULKEY, JERRY E 2710 SOUTH ORLANDO DRIVE #1 SANFORD, FL 327735353			
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
VPS WILFONG, BILLY E 2710 SOUTH ORLANDO DRIVE #1 SANFORD, FL 327735353			
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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.			
SIGNATURE: <u>Billy E Wilfong</u> <u>BILLY E WILFONG</u> 8-31-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			