

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Feb 05, 2004 8:00 am
Secretary of State

01-28-2004 90003 048 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000105877 1. Entity Name ASPHALT PROTECTIVE COATING COMPANY, INC.					
Principal Place of Business 279 DEER CREEK BLVD #1103 DEERFIELD BEACH FL 33442		Mailing Address 279 DEER CREEK BLVD #1103 DEERFIELD BEACH FL 33442			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0152185 <input type="checkbox"/> Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MAHONY, ROBERT A 279 DEER CREEK BLVD 1103 DEERFIELD BEACH FL 33442			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <i>President</i> NAME <i>Robert A. Mahoney</i> STREET ADDRESS <i>279 Deer Creek Blvd #1103</i> CITY-ST-ZIP <i>Deerfield Bch #1 33442</i>	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE <i>Robert A. Mahoney</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>1-22-04</i> (561) 391-2966 Daytime Phone #		