# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 SEP 12 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000019023

1. Entity Name
CAPITAL COATINGS OF TALLAHASSEE, INC.

09122008 Chg-P CR2E034 (12/06)

| Principal Place of Business | Mailing Address |
|---|---|
| 313 FAIRFIELD AVE.<br>TALLAHASSEE, FL 32305 | 313 FAIRFIELD AVE.<br>TALLAHASSEE, FL 32305 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2000 N. Meridian Rd | 2000 N. Meridian Rd. |
| Suite, Apt. #, etc.: Apt. # 115 | Suite, Apt. #, etc.: Apt. # 115 |
| City & State: Tallahassee, FL | City & State: Tallahassee, FL |
| Zip: 32303 Country: US | Zip: 32303 Country: US |

4. FEI Number: 20-2289049 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DAVIS, CHRIS<br>313 FAIRFIELD AVE.<br>TALLAHASSEE, FL 32305 | Name: Davis, Chris<br>Street Address (P.O. Box Number is Not Acceptable): 2000 N. Meridian Rd.<br>Apt. #115<br>City: Tallahassee FL Zip Code: 32303 |

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**
**Due by September 12, 2008**

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 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>DAVIS, CHRIS<br>313 FAIRFIELD AVE.<br>TALLAHASSEE, FL 32305 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Davis, Chris<br>2000 N. Meridian Rd. Apt #115<br>Tallahassee, FL 32303 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 500136105685<br>09/18/08--01046--007 **150.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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.

**SIGNATURE:** _____ 9/12/08 850.459.4208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #