

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000019023		
1. Entity Name CAPITAL COATINGS OF TALLAHASSEE, INC.		

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

Principal Place of Business 313 FAIRFIELD AVE. TALLAHASSEE, FL 32305	Mailing Address 313 FAIRFIELD AVE. TALLAHASSEE, FL 32305
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2. Principal Place of Business - No P.O. Box # 2000 N. Meridian Rd.	3. Mailing Address 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

09122008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2289049	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, CHRIS 313 FAIRFIELD AVE. TALLAHASSEE, FL 32305	7. Name and Address of New Registered Agent Name: Davis, Chris Street Address (P.O. Box Number is Not Acceptable): 2000 N. Meridian Rd. Apt. # 115 City: Tallahassee FL Zip Code: 32303
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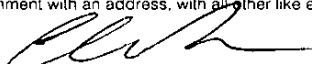
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, CHRIS 313 FAIRFIELD AVE. TALLAHASSEE, FL 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Davis, Chris 2000 N. Meridian Rd. Apt #115 Tallahassee FL 32303 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500136105685 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 #