

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000005822

1. Entity Name

PROGRESSIVE COATINGS, INC.



Principal Place of Business

101-A SOUTH OAK STREET
SHERIDAN, AR 72150

Mailing Address

PO BOX 476
SHERIDAN, AR 72150

DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number

71-0787372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CP
MOSLEY, JERRY L
1654 GRANT 7
SHERIDAN, AR 72150

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCVP
ALLIN, GAYLORD
455 W 61ST ST
SHREVEPORT, LA 71106

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
MOSLEY, MARGARET
1654 GRANT 7
SHERIDAN, AR 72150

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BAKER, MITCH
RT 1 PINECREST CIRCLE #4
SHERIDAN, AR 72150

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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07/16/04-80006-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEL/TMES

7-8-04

Date

870-942-2662

Daytime Phone #