

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # K20907

1. Entity Name
ADHESIVES TECHNOLOGY CORPORATION



Principal Place of Business
450 EAST COPANS ROAD
POMPANO BEACH, FL 33064

Mailing Address
450 EAST COPANS ROAD
POMPANO BEACH, FL 33064



01062006 No Chg-P CR2E034 (11/05)

4. FIC Number
65-0053295

Required Fee
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCINTYRE, R. HART
450 EAST COPANS RD
POMPANO BEACH, FL 33064

**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 of the registered agent or the corporation

(Note: Registered Agent signature required with request to file)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	MCINTYRE, R. HART
STREET ADDRESS	450 EAST COPANS ROAD
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	S
NAME	SABGA, EMILE
STREET ADDRESS	450 EAST COPANS ROAD
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	C
NAME	STRUL, AUBREY M.
STREET ADDRESS	450 EAST COPANS ROAD
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80031-008 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 339, 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. 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 of this report or on an attached report with an address, with all other fee empowers.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR