2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2007 08:00 AN DOCUMENT # L45489 Secretary of State 1. Entity Name SEALCOAT SUPPLIES OF PINELLAS, INC. Principal Place of Business Mailing Address 9075-D 130TH AVENUE NORTH 9075-D 130TH AVENUE NORTH LARGO, FL 34643 LARGO, FL 33773 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2987912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BLANCHARD, SCOTT 1432 FLOTILLA DR HOLIDAY, FL 34690 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. DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) U00000603778 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 ☐ Added to Fees Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE SCOTT, BLANCHARD NAME 1432 FLOTILLA DR STREET ADDRESS HOLIDAY, FL 34690 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TIBLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED ON FAINTED-NAME OF SIGNING OFFICER OR DIRECTOR

1-22-07

727-586-2600

Daytime Phone #

FILED