2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 212558

1. Entity Name
E-BOND EPOXIES INC

Principal Place of Business	Mailing Address
501 N.E. 33RD ST. FORT LAUDERDALE, FL 33334-2139	501 N.E. 33RD ST. FORT LAUDERDALE, FL 33334-2139

01052006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-0826437
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, JOHN R
501 N.E. 33RD ST.
FORT LAUDERDALE, FL

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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 _____ 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
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	DST
NAME	KANTOR, SYLVIA
STREET ADDRESS	501 N.E. 33RD ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	D
NAME	RIDGE, CATHERINE A
STREET ADDRESS	501 N.E. 33RD ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	D
NAME	MCHALE, LORINDA
STREET ADDRESS	501 N.E. 33RD ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	VPD
NAME	RIDGE, JAMES G III
STREET ADDRESS	501 NE 33RD ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	PD
NAME	ROBINSON, JOHN R
STREET ADDRESS	501 NE 33RD STREET
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80051-007 150.00

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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: Sylvia Kantor SYLVIA KANTOR - DIRECTOR SECRETARY/TREASURER 1/17/06 954 566-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #