2006 FOR PROFIT CORPORATION

20		OFIT CORPOR REPORT (AR		JOB # APPROVE	D	FILED	• • •
	MENT # 666284				M <u>ay 02,</u>	7-C	00 AI
t. Entity Name U.S. SEALCOATING, INC.				all uct.#	Secre	tary of S	tate
0.0. 01	200/1/11/40, 11/40.			€-T. #	:		-
Principal Plac	ce of Business	Mailing Address		E PC	ISTED		-
1275 CR 210 W ST AUGUSTINE FL 32095 US		P.O. BOX 4492 ST AUGUSTINE FL 32 US	ST AUGUSTINE FL 32085				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		### ### #### ### ### ### ### #### #### #### ######	BI BIBII BIBU BUBU BUBU BUBU BUBU BU	1
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		MOORE C	CR2E034 (10/05)	
City & State		City & State	City & State		59-1998645	⊢ :	pplied For ot Applicabli
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and A	Address of New Re	gistered Agent	
CARTER, MELVIN O.				ress (P.O. Box Number	in hint Annutable)		
	5 CR 210 W AUGUSTINE FL 32095		Street Addi	ress (F.O. Box Number	is Not Acceptable)		• •
			City			EI Zip Coo	ie.
		ent for the purpose of changing its	s registered office or re	gistered agent, or both	, in the State of Flori	17 L.	
_	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered	d agent and late if applicable (NOT	E Registered Agent signature in	required when reinstaling)		DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$55 k Payable to Florida Departme	50.00		€	Election Campal Trust Fund Contri	· <u>·</u> · · ·	.00 May Be ed to Fees
10.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
NAME STREET ADDRESS	CARTER, MELVIN O. 1275 CR 210 W	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Q!	100000558 5/17/06-801	□ Change 1909 16-002 150.(☐ Addition
CITY-ST-ZIP TITLE	ST AUGUSTINE FL 32095	☐ Delete	TITLE			Change	Addillon
NAME STREET ADORESS			NAME STREET ADDRESS			•	
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE			Change	Addilion
NAME		_ vecte	NAME		•	C Ottatige	□ A@GIIGH
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY+ST-ZIP				
TITLE NAME		☐ Defete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TULE			Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY - ST- ZIP			–	
NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP				
	certify that the information supplie	ed with this filling does not quality		tained in Section 119,	Florida Statutes, I fi	urther certify that the i	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. 4-28-06 (904) 826 -010 / Date Daytino Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: