

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90363 017 ***150.00

DOCUMENT # 689309

1. Entity Name
ACCURATE PLATING AND WEAPONRY, INC.



Principal Place of Business
**940 HARBOR LAKE DR
SAFETY HARBOR, FL 34695 US**

Mailing Address
**940 HARBOR LAKE DR
SAFETY HARBOR, FL 34695 US**

400300.00



04072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
5497 County Road 99

3. Mailing Address
5497 County Road 99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Newville, AL

City & State
Newville, AL

4. FEI Number
59-2046819

Applied For
Not Applicable

Zip
36353 Country
USA

Zip
36353 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOUIS SCOURTAS & ASSOCIATES
617 CLEVELAND ST, STE 22
CLEARWATER, FL 34615**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PDT
COGAN, ROBERT A JR
57 ARNONIA DR.
DUNEDIN, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**5497 County Road 99
Newville, AL 36353** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

Robert COGAN

4/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #