2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# 822316

Entity Name: TEXTURED COATINGS OF AMERICA INC.

Current Principal Place of Business:

2422 E. 15TH ST.
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2422 E 15TH ST
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 95-2142699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: HAINES, STUART M,
Address: 5950 S AVALON BLVD
City-St-Zip: LOS ANGELES, CA 900031384

Title: VPD ( ) Delete
Name: HAINES, LINDA J
Address: 5950 S AVALON BLVD
City-St-Zip: LOS ANGELES, CA 900031384

Title: PD ( ) Delete
Name: HAINES, JAY
Address: 2422 E 15TH ST
City-St-Zip: PANAMA CITY, L 32405

Title: T ( ) Delete
Name: MOWERY, JULIE K
Address: 2422 EAST 15TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete
Name: MURPHY, SHELIA
Address: 2422 EAST 15TH STREET
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE K. MOWERY T 04/19/2004

Electronic Signature of Signing Officer or Director — Date