

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90057 039 \*\*\*150.00

**DOCUMENT # 822316**

1. Entity Name  
TEXTURED COATINGS OF AMERICA INC.



Principal Place of Business  
2422 E. 15TH ST.  
PANAMA CITY, FL 32405

Mailing Address  
2422 E 15TH ST  
PANAMA CITY, FL 32405 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01112008 Chg-P CR2E034 (12/06)

4. FEI Number  
95-2142699

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete  
NAME HAINES, STUART M  
STREET ADDRESS 5950 S AVALON BLVD  
CITY-ST-ZIP LOS ANGELES, CA 900031384

TITLE VPD ☐ Delete  
NAME HAINES, LINDA J  
STREET ADDRESS 5950 S AVALON BLVD  
CITY-ST-ZIP LOS ANGELES, CA 900031384

TITLE PD ☐ Delete  
NAME HAINES, JAY  
STREET ADDRESS 2422 E 15TH ST  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE T ☐ Delete  
NAME MOWERY, JULIE K  
STREET ADDRESS 2422 EAST 15TH STREET  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE S ☒ Delete  
NAME ALICIA, ALLEN  
STREET ADDRESS 2422 EAST 15TH STREET  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME SECRETARY  
STREET ADDRESS SHEILA MURPHY  
CITY-ST-ZIP 2422 EAST 15TH STREET  
PANAMA CITY, FL 32405

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie K. Mowery 1/25/08 (850) 769-0317

Date

Daytime Phone #