

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90303 045 \*\*\*150.00



**DOCUMENT # F02000001544**  
 1. Entity Name  
**A TO Z COATINGS & SONS, INC.**

Principal Place of Business: **11 E. LATHROP AVENUE SAVANNAH GA 31415**  
 Mailing Address: **PO BOX 1147 SAVANNAH GA 31402-1147**



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **58-2092732**  
 Applied For:  Not Applicable

Zip: Country

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

**6. Name and Address of Current Registered Agent**  
**ROBB, TERISITA M**  
**1775 HARBOR RD**  
**KISSIMMEE FL 34746**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | PV                     | <input type="checkbox"/> Delete |
| NAME            | ROBB, GERALD J JR.     |                                 |
| STREET ADDRESS  | 914 W. GROVE STREET    |                                 |
| CITY - ST - ZIP | CLARKS SUMMIT PA 18411 |                                 |
| TITLE           | S                      | <input type="checkbox"/> Delete |
| NAME            | ROBB, TERISITA M       |                                 |
| STREET ADDRESS  | 1775 HARBOR RD         |                                 |
| CITY - ST - ZIP | KISSIMMEE FL 34746     |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                 |  |                                                                   |
|-----------------|--|-------------------------------------------------------------------|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Terisita M Robb **Terisita M. Robb** 4-26-04 407-343-5635  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #