

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001980

Entity Name: COATING SYSTEMS, INC.

FILED  
Jul 19, 2005  
Secretary of State

## Current Principal Place of Business:

4618 OLD LOUISVILLE ROAD  
GARDEN CITY, GA 31408

## New Principal Place of Business:

## Current Mailing Address:

4618 OLD LOUISVILLE ROAD  
GARDEN CITY, GA 31408

## New Mailing Address:

POST OFFICE BOX 7512  
GARDEN CITY, GA 31418

FEI Number: 04-3687532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DURWOOD, BROWN E MR.  
15 16TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32205 US

## Name and Address of New Registered Agent:

DURWOOD, BROWN E MR.  
224 BELVEDERE  
ATLANTIC BEACH, FL 32233 US

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: DURWOOD E BROWN

07/19/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: MCMAHON, MICHAEL J  
Address: 4618 OLD LOUISVILLE ROAD  
City-St-Zip: GARDEN CITY, GA 31408

Title: DV ( ) Delete  
Name: CROY, STEVE  
Address: 4618 OLD LOUISVILLE ROAD  
City-St-Zip: GARDEN CITY, GA 31408

Title: TSD (X) Delete  
Name: AUSTIN, LARRY  
Address: 4618 OLD LOUISVILLE ROAD  
City-St-Zip: GARDEN CITY, GA 31408

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition  
Name: BLOUNT, STEVE  
Address: 12945 HIGHWAY 43  
City-St-Zip: AXIS, AL 36505

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: MICHAEL J. MCMAHON

P

07/19/2005

Electronic Signature of Signing Officer or Director

Date