2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Secretary of State **DOCUMENT # F45107** 02-05-2007 90085 018 ***150.00 FLORIDA URETHANE & COATING, INC. Principal Place of Business Mailing Address 40009000 5506 INDEPENDENCE CT. 5506 INDEPENDENCE CT. PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-2170412 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDALL, MARK LOUIS Street Address (P.O. Box Number is Not Acceptable) 24234 PIRATE HARBOR BLVD PUNTA GORDA: FL 33955 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change Addition RANDALL, MARK LOUIS NAME NAME STREET ADDRESS 24234 PIRATE HARBOR BI VD STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE うわかも Change ☐ Addition 5AME 105005W CR 769 F1 34269 SAME BRODERICK, STACEY R NAME NAME STREET ADDRESS 22222 ALBANY AVE STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE, FL 33952 CITY-ST-ZIP ST ☐ Delete TITLE TITLE ☐ Change Addition RANDALL, TERRIL NAME NAME STREET ADDRESS 24234 PIRATE HARBOR BLVD. STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33955 CITY-ST-ZIP Addition TITI É Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-79P CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the Information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.

FILED Feb 05, 2007 8:00 am