

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90001 046 ***550.00

DOCUMENT # F93000002496

1. Entity Name
COOPER COIL COATING, INC.



Principal Place of Business
**5110 140TH AVE NORTH
CLEARWATER, FL 33760 US**

Mailing Address
**5110 140TH AVE NORTH
CLEARWATER, FL 33760 US**

54065455



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

58-2050685

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name **VENKI M. SASTRI**

Street Address (P.O. Box Number is Not Acceptable)

5110 140th Avenue North

City **CLEARWATER**

FL

Zip Code **33760**

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

V.M. Sastri

7/26/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete
NAME **MAY, DENIS**
STREET ADDRESS **GREAT BRIDGE STREET**
CITY-ST-ZIP **W BROMWICH, W MIDLANDS, UK**

TITLE **PRESIDENT & DIRECTOR** ☒ Change ☒ Addition
NAME **M.S. SASTRI**
STREET ADDRESS **5110 140th AVE, CLEARWATER FL 33760**
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **CRAWFORD, DEREK J**
STREET ADDRESS **GREAT BRIDGE STREET**
CITY-ST-ZIP **W BROMWICH, W MIDLANDS, UK**

TITLE **VP & DIRECTOR** ☒ Change ☒ Addition
NAME **JHODLA SASTRI**
STREET ADDRESS **5110 140th AVE N., CLEARWATER, FL 33760**
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **VURLAN, ALAN A**
STREET ADDRESS **GREAT BRIDGE STREET**
CITY-ST-ZIP **W BROMWICH, W MIDLANDS, UK**

TITLE **SECRETARY & DIRECTOR** ☒ Change ☒ Addition
NAME **VENKI M. SASTRI**
STREET ADDRESS **5110 140th AVE N., CLEARWATER, FL 33760**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

V.M. Sastri

VENKI M. SASTRI

7/26/04

727-535-6160 x115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #