

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

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**



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2050685

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SASTRI, VENKI H
5110 140TH AVENUE NORTH
CLEARWATER, FL 33760**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SASTRI, M S
STREET ADDRESS 5110 140TH AVE N
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE VD
NAME SASTRI, JHOOLA
STREET ADDRESS 5110 140TH AVE N
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE SD
NAME SASTRI, VENKI
STREET ADDRESS 5110 140TH AVE N
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000436862
02/28/06-80019-010 150.00

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IN THIS SPACE**

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

2/16/06

727 131-616