

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90100 027 ***150.00

DOCUMENT # F99000005147

1. Entity Name

M.E.C. THERMAL SPRAY, INC.



Principal Place of Business

4201 ST LUCIE BLVD
FORT PIERCE FL 34946

Mailing Address

2200 INDUSTRIAL WAY SOUTH
TOMS RIVER NJ 08755

DEPARTMENT OF STATE



2. Principal Place of Business

2200 INDUSTRIAL Way So

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Toms River NJ

City & State

Toms River NJ

4. FEI Number

22-3499662

Applied For

Not Applicable

Zip

08755

Country

USA

Zip

08755

Country

USA

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

KULKASKI, RICHARD
4201 B ST. LUCIE BLVD.
FORT PIERCE FL 34946

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☐ Delete
NAME KULKASKI, RICHARD
STREET ADDRESS 1210 GANNET COURT
CITY-ST-ZIP FORKED RIVER NJ 08731

TITLE VP ☐ Change ☒ Addition
NAME WALTER GARBIE
STREET ADDRESS 2200 INDUSTRIAL WAY SOUTH
CITY-ST-ZIP TOMS RIVER NJ 08755

TITLE S ☒ Delete
NAME PAVAO, LYNDIA
STREET ADDRESS 2200 INDUSTRIAL WAY SOUTH
CITY-ST-ZIP TOMS RIVER NJ 08755

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 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:

WALTER GARBIE VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/06

732 505-0318