2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

| | MENT # H61720 | ► | | 01 10 2007 00111 042 ***150 7 | |
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| 1. Entity Nam EXTERIO | R COATINGS BY MARITII | ME, INC. | | 01-18-2007 90111 042 ***158.7 | 15 |
| Principal Place | e of Business | Mailing Address | |] | |
| 3215 AVIATION VERO BEACH | | 3215 AVIATION BLVD VERO BEACH, FL 32960 | | 66001854 | |
| <u> </u> | | | | | |
| | | | | | |
| DO NOT WRITE IN THIS SPACE | | | CE | 01082007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For | \neg |
| | | | | 59-2569092 Not Applicable | <u></u> |
| | A Name and Address of Comme | Parietered Agent | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | 4 |
| 6. Name and Address of Current Registered Agent | | | | | 1 |
| DEPP, WILLIAM S. 140-44TH TERRACE VERO BEACH, FL 32968 | | | DO NOT WRITE | | |
| VERO BEA | ACH, FL 32900 | | } | IN THIS SPACE | |
| 8. The above | named entity submits this statement | or the purpose of changing its register | ed office or register | ered agent, or both, in the State of Florida. I am temiliar with, and accept | 71 |
| the obligations of registered agents SIGNATURE 2-13-07 | | | | | |
| SIGNATURE. | Egyaters, types of protection of all registered agen | and Indicate (It legate | d Agent signature required | | |
| | | | | 5.00 May Be ded to Fees | |
| 10. | OFFICERS AND | DIRECTORS | 1 | | 7 |
| TIPLE NAME | PVP DEPP, WILLIAM S: | | | | 1 |
| STREET ADDRESS CITY-S1-ZIP | 140-44TH TERRACE VERO BEACH, FU 32968 | | | | |
| ITLE | ST DEPP, NANCY | | | | Ì |
| STREET ADDRESS | 140-44TH TERRACE | | l | | |
| COTY-ST-ZEP | VERO BEACH, FL 32968 | - | - | - | |
| NAME STREET ADDRESS | | | | | |
| CITY-ST-ZP | | | | DO NOT WRITE | - |
| TITLE NAME | | | 1 | IN THIS SPACE | |
| . SIPEET ADDRESS CITY-SI-ZIP | | | | | |
| TITLE | | | 1 | | |
| NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | - | | |
| NAME | | |] | | |
| STREET ADDRESS CITY - SI - ZIP | | | i | | |
| 12. Thereby certify that the information supplied with this filting does not quality 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 tegal 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 reported by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if | | | | | |
| changed | l, or on an attachment with an address | , with all other like empowered. | | | |
| SIGNATURE: Signature : Description of State of S | | | | | |