2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J23612

1. Entity Name INTERBAY COATINGS, INC.



FILED Jan 13, 2006 08:00 AM Secretary of State

Principal Place of Business

3209 E. 3RD. AVE. TAMPA, FL 33605 Mailing Address

P.O. BOX 5284

TAMPA, FL 33675-5284



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6. Name and Address of Current Registered Agent

01062006 No Chg-P		CR2E034 (11/05)		
4. FEI Number	1		Applie	
59-2691	181		Not Ap	plicable
5 Certificate o	of Status Desired	. [\$8.75 Addition	al

ASTER, SCOTT D.
•
PRESTWICK DR.

DO NOT WRITE

LANCASTER, SCOTT D. 13120 PRESTWICK DR. RIVERVIEW, FL 33569			DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar	with, and accept
\$IGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE, Registered A	gent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financi Trust Fund Contribution.	ingi 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-\$1-ZIP	PD LANCASTER, SCOTT D. 13120 PRESWICK DR. RIVERVIEW, FL 33568					
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NAME					Handadaataat	
STREET ADDRESS CITY-ST-ZIP					U00000385396 01/18/06-80015-00	1 150,00
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NAME STREET ADDRESS CITY-S1-ZIP						·

12. I hereby 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 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: