2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K02484

1. Entity Name
ALLCOAT, INC.

Principal Place of Business	Mailing Address
1501 C 6TH AVENUE IMMOKALEE, FL 34142 US	1501 C 6TH AVENUE IMMOKALEE, FL 34142 US

01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0514692
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOODY, JIM HOWARD
1501 C. 6TH AVENUE
IMMOKALEE, FL 33939

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	MOODY JR., JIM HOWARD
STREET ADDRESS	780 TRAFFORD OAKS
CITY-ST-ZIP	IMMOKALEE, FL
TITLE	D
NAME	GONZALEZ, LUPE
STREET ADDRESS	7450 HUNTERS POINT
CITY-ST-ZIP	IMMOKALEE, FL
TITLE	D
NAME	MOODY, JIM H.
STREET ADDRESS	555B 15TH ST
CITY-ST-ZIP	IMMOKALEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Howard Moody
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #