

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90009 004 \*\*\*150.00

**DOCUMENT # K85128**

1. Entity Name  
**A & B PERMA-COAT, INC.**



Principal Place of Business

% WILLIAM MARSH  
2023 OAKADIA DR  
CLEARWATER, FL 33764 US

Mailing Address

% WILLIAM MARSH  
2023 OAKADIA DR  
CLEARWATER, FL 33764 US

**24078554**



07302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2952176**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MARSH, WILLIAM  
2023 OAKADIA DR  
CLEARWATER, FL 33764

**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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE DPTS  
NAME MARSH, WILLIAM  
STREET ADDRESS 2023 OAKADIA DRIVE  
CITY-ST-ZIP CLEARWATER, FL

TITLE V  
NAME MARSH, ROSS  
STREET ADDRESS 2108 SHANNON DR  
CITY-ST-ZIP HOLIDAY, FL

TITLE V  
NAME MARSH, ROBERT  
STREET ADDRESS 2023 OAKADIA DRIVE  
CITY-ST-ZIP CLEARWATER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W. B. Marsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**8-3-04** / **727/937-1232**