2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005048

FILED Jan 03, 2006 Secretary of State

Entity Name: PREFERRED COATINGS OF ST. AUGUSTINE, INC.

Current Principal Place of Business: New Principal Place of Business:

603 SAN JOSE ROAD ST. AUGUSTINE, FL 32086

Current Mailing Address: New Mailing Address:

603 SAN JOSE ROAD ST. AUGUSTINE, FL 32086

FEI Number: 59-3275429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, GREGG W 603 SAN JOSE ROAD ST. AUGUSTINE, FL 32086 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 PD (X) Change () Addition

 Name:
 SMITH, HOLLY H
 Name:
 SMITH, GREGG W

 Address:
 10655 YEAGER AVE
 Address:
 10655 YEAGER AVE

 City-St-Zip:
 HASTINGS, FL 32145
 City-St-Zip:
 HASTINGS, FL 32145

Title: PD () Delete Title: VD (X) Change () Addition Name: SMITH, GREGG W Name: SMITH, JAMES R

Address: 10655 YEAGER AVE Address: 603 SAN JOSE RD
City-St-Zip: HASTINGS, FL 32145 City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T () Delete Title: SD (X) Change () Addition Name: SMITH, JAMES R Name: KELLY, MARY C

 Address:
 608 SAN JOSE RD
 Address:
 6385 BOLLING LANE

 City-St-Zip:
 SAINT AUGUSTINE, FL 32086
 City-St-Zip:
 ELKTON, FL 32033

 $\label{eq:title:title:VD} {\sf Title:} \qquad {\sf VD} \qquad ({\sf X}) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad (\) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 SMITH, JAMES R
 Name:

 Address:
 603 SAN JOSE RD
 Address:

 City-St-Zip:
 SAINT AUGUSTINE, FL 32086
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. SMITH VD 01/03/2006