

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90014 013 ***550.00

DOCUMENT # P00000050748

1. Entity Name

COATINGS SERVICES UNLIMITED, INC.



Principal Place of Business

1916 MYRTLE AVENUE
PUNTA GORDA FL 33950

Mailing Address

1916 MYRTLE AVENUE
PUNTA GORDA FL 33950

34000000

2. Principal Place of Business

26044 GLASSPELL Rd.
Suite, Apt. #, etc.

3. Mailing Address

26044 GLASSPELL Rd.
Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

PUNTA GORDA FLA.

City & State

PUNTA GORDA FLA.

4. FEI Number

65-1012472

Applied For

Not Applicable

Zip

33955

Country

Charlotte

Zip

33955

Country

Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRUITT, JAMES
1916 MYRTLE AVENUE
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PRUITT, JAMES
STREET ADDRESS 1916 MYRTLE AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE VP ☐ Delete
NAME WISEMAN, MIKE
STREET ADDRESS 7751 RIVERSIDE DR
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JR. V.P. ☐ Change ☒ Addition
NAME STEVE WILSON
STREET ADDRESS 17187 URBAN AVE.
CITY-ST-ZIP PORT CHARLOTTE FLA 33954

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES PRUITT

8/2/04

Date

Daytime Phone #