


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000050748</b> 1. Entity Name COATINGS SERVICES UNLIMITED, INC.	
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Principal Place of Business 26044 GLASSPELL ROAD PUNTA GORDA, FL 33955 US	Mailing Address 26044 GLASSPELL ROAD PUNTA GORDA, FL 33955 US
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02122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1012472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PRUITT, JAMES 26044 GLASSPELL ROAD PUNTA GORDA, FL 33955
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**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  
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 NAME STREET ADDRESS CITY-ST-ZIP	D PRUITT, JAMES 26044 GLASSPELL ROAD PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WISEMAN, MIKE 7751 RIVERSIDE DR PUNTA GORDA, FL 33950
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U00000435172  
02/25/06-80030-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

SIGNATURE: James Pruitt JAMES PRUITT 2/13/06 741-639-3443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #