

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90012 024 ***550.00

DOCUMENT # P01000025252

1. Entity Name
EPOXY FLOORING SOLUTIONS INC.



Principal Place of Business

**2606 KIRKLAND ROAD
DOVER, FL 33527**

Mailing Address

**2606 KIRKLAND ROAD
DOVER, FL 33527**

50064177



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3706241

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JANE, KENNETH A
2606 KIRKLAND ROAD
DOVER, FL 33527**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JANE, KENNETH A
STREET ADDRESS	2606 KIRKLAND RD
CITY - ST - ZIP	DOVER, FL 33527
TITLE	VP
NAME	CAPRON, DOMINICK
STREET ADDRESS	5302 MARYS MIRACLE LANE
CITY - ST - ZIP	TAMPA, FL 33610
TITLE	S
NAME	JANE, MISHELE
STREET ADDRESS	2606 KIRKLAND RD
CITY - ST - ZIP	DOVER, FL 33527
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:

Kenneth A. Jane President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/05

Date

813 982 2292

Daytime Phone #