

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000102565 1. Entity Name PROCOAT RESTORATION, INC.	
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Principal Place of Business 2160 SR 37 S MULBERRY, FL 33860	Mailing Address PO BOX 280 MULBERRY, FL 33860
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DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3754628	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIEL MEDINA, P.A.
464 WEST PIPKIN RD., STE 1
LAKELAND, FL 33813

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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 \$550.00
Due by September 7, 2005**

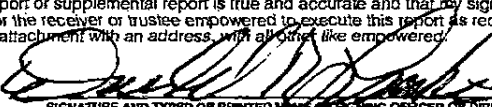
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCKIE, DONALD R PO BOX 280 MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCKIE, MARIANNE PO BOX 280 MULBERRY, FL 33860
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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)(f), 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:  PRESIDENT 07/2/05 863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone