

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000111405

1. Entity Name
FLORIDA TILE-ROOF COAT, INC.



Principal Place of Business
6816 NORTH SALFORD BLVD
NORTH PORT, FL 34286

Mailing Address
6816 NORTH SALFORD BLVD
NORTH PORT, FL 34286

FILED
04 FEB 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01232004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3756772

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULL, DAVID J
6816 NORTH SALFORD BLVD
NORTH PORT, FL 34286

**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]

(NOTE: Registered Agent signature required when reinstating)

2/14/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
DP
MULL, DAVID J
6816 NORTH SALFORD BLVD
NORTH PORT, FL 34286

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSTV
MULL, TINA
6816 NORTH SALFORD BLVD
NORTH PORT, FL 34286

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BATTERTON, JASON
6816 N SALFORD BLVD
NORTH PORT, FL 34286

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 another like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04
Date

Daytime Phone #