

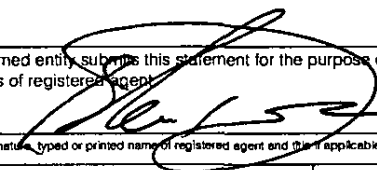
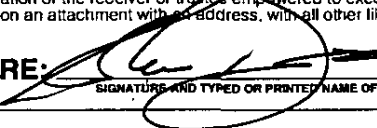


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90032 033 \*\*\*150.00

<b>DOCUMENT # P01000118669</b> 1. Entity Name <b>AMCOAT TECHNOLOGIES, INCORPORATED</b>					
Principal Place of Business <b>111 BAILEY DRIVE NICEVILLE, FL 32758</b>			Mailing Address <b>111 BAILEY DRIVE NICEVILLE, FL 32758</b>		
2. Principal Place of Business <b>115 Bailey Drive</b>		3. Mailing Address <b>115 Bailey Drive</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Niceville, FL</b>		City & State <b>Niceville, FL</b>		4. FEI Number <b>68-0503849</b>	
Zip <b>32578</b>		Zip <b>32578</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DOMINQUE, STEVEN C 111 BAILEY DRIVE NICEVILLE, FL 32758</b>				7. Name and Address of New Registered Agent Name <b>Dominique, Steven C</b> Street Address (P.O. Box Number is Not Acceptable) <b>115 Bailey Drive</b> City <b>Niceville</b> <b>FL</b> Zip Code <b>32578</b>	
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  DATE <b>3-29-04</b> <small>Signature typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINQUE, STEVEN C 403 SAWGRASS WAY DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>President Dominique, Steven C 4301 CARRIAGE LANE DESTIN, FL 32541</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					