2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000035955

1. Entity Name
SPILLCOP, INC.

Principal Place of Business	Mailing Address
13400 SUTTON PARK DR S, STE 1501 JACKSONVILLE, FL 32224	13400 SUTTON PARK DR S, STE 1501 JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0671963
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BALKE, BERNARD
13400 SUTTON PARK DR S, STE 1501
JACKSONVILLE, FL 32224

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CP
NAME	MARSH, GARY
STREET ADDRESS	13400 SUTTON PARK DR S, STE 1501
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	CEO
NAME	LONGHI, LARRY
STREET ADDRESS	13400 SUTTON PARK DR S, STE 1501
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	COO
NAME	BALKE, BEN
STREET ADDRESS	13400 SUTTON PARK DR S, STE 1501
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	TCFO
NAME	WHITE, DON
STREET ADDRESS	13400 SUTTON PARK DR S, STE 1501
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	COLEMAN, KYNERD
STREET ADDRESS	13400 SUTTON PARK DRIVE S STE 1501
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	BALKE, STEVE
STREET ADDRESS	13400 SUTTON PARK DRIVE S STE 1501
CITY-ST-ZIP	JACKSONVILLE, FL 32224

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05/05/06-80018-003 150.00

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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 all other like empowered.*

SIGNATURE: DON C White CFO DONALD C. WHITE 4/7/06 904-493-2169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #