2005 FOR PROFIT CORPORATION

Apr 14, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-14-2005 90095 026 ***150.00 DOCUMENT # P02000044705 1. Entity Name MERCADO CONCRETE COATINGS, INC. 40056543 Principal Place of Business Mailing Address 116 MARTA ROAD 116 MARTA ROAD DEBARY, FL 32713-3511 DEBARY, FL 32713-3511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272005 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State City & State 01-0677170 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MERCADO, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 116 MARTA ROAD DEBARY, FL 32713 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D THUE ☐ Delete THE Change Addition MERCADO, FRANCISCO NAME 116 MARTA ROAD STREET ADDRESS STREET ADDRESS DEBARY, FL 327133511 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition HILLE TITLE NAME MERCADO, LISA 116 MARTA ROAD STREET ADDRESS STREET ADDRESS CITY+ST-ZIP DEBARY, FL 327133511 CITY-ST-ZIP D TITLE Delete TITLE Change Addition CONRAD, STEVE PO BOX 470424 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP LAKE MONROE, FL 32747 CITY-\$1-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE TIFLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP City-St-ZIP TITLE Delete HILE Change ☐ Addition NAME NAME

12. I hereby certify that the intermation 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 of the corporation or the receiver or trustee em changed, or on an attachment with an address

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIREET ADDRESS

CITY-ST-ZIP

Davtime Phone #

FILED