

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90224 045 ***150.00

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04122005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000008454 1. Entity Name COMPETITION COATINGS, INC.					
Principal Place of Business 3606 US HWY 92 E LAKELAND, FL 33801			Mailing Address 335 HAVENDALE BLVD AUBURDALE, FL 33823		
2. Principal Place of Business 811 W. Derby Ave. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 811 W. Derby Ave <small>Suite, Apt. #, etc.</small>			
City & State Auburndale, FL		City & State Auburndale, FL		4. FEI Number 54-2089622	
Zip 33823		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TREDO, CHERISE 335 HAVENDALE BLVD LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Gise, William L. Street Address (P.O. Box Number is Not Acceptable) 811 W. Derby Ave City Auburndale FL Zip Code 33823		
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 William L. Gise 4/25/05 DATE <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TREDO, CHERISE <input checked="" type="checkbox"/> Delete 211 KEYSTONE RD AUBURDALE, FL 33823		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Gise William L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 811 DERBY AVE. W. Auburndale Fla.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: Cherise Tredo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/05 800 359 6224 <small>Date Daytime Phone #</small>		