

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90032 026 ***150.00

DOCUMENT # P03000084948

1. Entity Name
3 COATS PLASTERING, INC.



Principal Place of Business
**6346 7TH STREET
VERO BEACH, FL 32968**

Mailing Address
**6346 7TH STREET
VERO BEACH, FL 32968**

20031125



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GINN, TERRILL
6346 7TH STREET
VERO BEACH, FL 32968**

**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: *DIA* (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing --- **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GINN, TERRILL J
STREET ADDRESS	6346 7TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	VP
NAME	CODD, RICK
STREET ADDRESS	8655 101ST COURT
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	*Sec.
NAME	GINN, SHELBY M
STREET ADDRESS	6346 7TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	*Tres.
NAME	GINN, TERRILL J
STREET ADDRESS	6346 7TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32968
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 all other like empowered.

SIGNATURE: *Terrill Ginn* **4/7/05** **772/473-2782**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #