

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000084948**  
 1. Entity Name  
 3 COATS PLASTERING, INC.



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

**DO NOT WRITE IN THIS SPACE**



04122007    No Chg-P    CR2E034 (11/05)

4. FEI Number 01-0834741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**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	S
NAME	GINN, SHELBY M
STREET ADDRESS	6346 7TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	T
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**

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 04/25/07-80020-011 150.00

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: Shelby M Ginn      4/13/07      7294098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #