


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000097666		
1. Entity Name AMPCO COATINGS, INC.		
<p style="text-align: center;"><i>NOTE</i> ↓</p>		
Principal Place of Business 1000 CRESTWOOD COURT SOUTH UNIT # 1008 ROYAL PALM BEACH, FL 33411		Mailing Address 616 2ND ST NW NEW PHILADELPHIA, OH 44663
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LUTZ, RICHARD D 1000 CRESTWOOD COURT SOUTH UNIT # 1008 ROYAL PALM BEACH, FL 33411		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: <u><i>Richard D Lutz</i></u> <u><i>Officer</i></u> <u><i>1-29-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	LUTZ, RICHARD D	
STREET ADDRESS	1000 CRESTWOOD COURT SOUTH UNIT # 1008	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	V	
NAME	LUTZ, JUDITH L	
STREET ADDRESS	1000 CRESTWOOD COURT SOUTH UNIT # 1008	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	B	
NAME	LUTZ, JUDITH L	
STREET ADDRESS	1000 CRESTWOOD COURT SOUTH UNIT # 1008	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u><i>Richard D Lutz</i></u> <u><i>Officer</i></u> <u><i>01-29-07</i></u> <u><i>334-343-1496</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>CHECK# 2284</small> <small>Date</small> <small>Daytime Phone #</small> <p style="text-align: right;"><i>\$158.75</i></p>		



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0218976	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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02/07/07-80034-020 158.75