## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 18, 2005 08:00 AM Secretary of State DOCUMENT # P03000124201 E.F.W. COATING, SEALING & PRESSURE WASHING, INC. Principal Place of Business Mailing Address 218 NORTH ST. THOMAS CIRCLE APOLLO BEACH, FL 33572 218 NORTH ST. THOMAS CIRCLE APOLLO BEACH, FL 33572 07132005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0298992 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOODFIN, ELLIS F DO NOT WRITE 218 NORTH ST. THOMAS CIRCLE APOLLO BEACH, FL 33572 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. DPT WOODFIN, ELLIS F NAME STREET ADDRESS 218 NORTH ST. THOMAS CIRCLE City-St-2IP APOLLO BEACH, FL 33572 NAME STREET ADDRESS CITY-ST-ZIP ItHE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 charged, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

**FILED**