

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90213 045 ***150.00

DOCUMENT # P03000147404

1. Entity Name

BIG CHIEF COATINGS, INC.



Principal Place of Business

**3517 BAXTER DR
WINTER PARK FL 32792**

Mailing Address

**3517 BAXTER DR
WINTER PARK FL 32792**

24069356



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3517 BAXTER DR.

Suite, Apt. #, etc.

3. Mailing Address

3517 BAXTER DR

Suite, Apt. #, etc.

City & State

WINTER PARK

Zip

32792

Country

SEM

City & State

WINTER PARK, FL.

Zip

32792

Country

SEM

4. FEI Number

11 3709475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LLEWELLYN, WILLIAM E
3517 BAXTER DR
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name

WILLIAM E. LLEWELLYN

Street Address (P.O. Box Number is Not Acceptable)

3517 BAXTER DR.

City

WINTER PARK, FL 32792

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LLEWELLYN, WILLIAM E
STREET ADDRESS 3517 BAXTER DR
CITY-ST-ZIP WINTER PARK FL 32792

TITLE VD ☒ Delete
NAME PEACH, MICHAEL B
STREET ADDRESS 3517 BAXTER DR
CITY-ST-ZIP WINTER PARK FL 32792

TITLE STD ☐ Delete
NAME HERRING, ROBERT E
STREET ADDRESS 3517 BAXTER DR
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM E. LLEWELLYN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

407 484 0110

Daytime Phone #