2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 07-19-2006 90002 008 ***158.75 DOCUMEN# P03000155873 1. Entity Name ROGER'S CREATIVE COATINGS, INC. CCOCCUUP Principal Place of Business Mailing Address 303 THRUSH AVENUE **303 THRUSH AVENUE** SEBRING, FL 33872 SEBRING, FL 33872 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 20-0611089 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAGEMAN, ROGER Street Address (P.O. Box Number is Not Acceptable) 303 THRUSH AVENUE SEBRING, FL 33870 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing 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 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE TITLE ☐ Change HAGEMAN, ROGER NAME NAME STREET ADDRESS 303 THRUSH AVENUE STREET ADDRESS SEBRING, FL 33872 CITY-ST-7IP CITY-ST-ZIP X Delete ☐ Change ■ Addition TITLE TITLE HAGEMAN, ROGER 303 THRUSH AVENUE STREET ADDRESS STREET ADDRESS CITY+ST-ZIP SEBRING, FL 33872 CITY-ST-ZIP Delete Change ☐ Addition HAGEMAN, ROGER NAME NAME STREET ADDRESS 303 THRUSH AVENUE STREET ADDRESS SEBRING, FL 33872 CITY-ST-ZIP CITY-ST-7IP Delete Addition TITLE TITLE NAME HAGEMAN, ROGER NAME 303 THRUSH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33872 CITY-ST-ZIP ☐ Chance ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Defete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 officers, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-06

Daytime Phone #

FILED Jul 19, 2006 8:00 am