

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90001 016 \*\*\*150.00  
 08-30-2004 90001 011 \*\*\*400.00

**54070580**

**DOCUMENT # P03000158313**

1. Entity Name  
**TROPICAL PROTECTIVE COATINGS OF BREVARD, INC.**



Principal Place of Business  
**1240 WILD ROSE DR., N.E.  
 PALM BAY, FL 32905-4310**

Mailing Address  
**108 VENUS CT.  
 INDIALANTIC, FL 32907**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**20-0570199**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PERROW, JOHN  
 108 VENUS CT.  
 INDIALANTIC, FL 32907**

7. Name and Address of New Registered Agent

Name

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

City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		
TITLE	<b>PVST</b>	<input type="checkbox"/> Delete
NAME	<b>PERROW, JOHN</b>	
STREET ADDRESS	<b>108 VENUS CT.</b>	
CITY-ST-ZIP	<b>INDIALANTIC, FL 32907</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PERROW, JOHN</b>	
STREET ADDRESS	<b>108 VENUS CT.</b>	
CITY-ST-ZIP	<b>INDIALANTIC, FL 32907</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John Perrow* **7.6.04** **321.773-3728**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment  
54070580

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

August 19, 2004

TROPICAL PROTECTIVE COATINGS OF BREVARD, INC.  
108 VENUS CT.  
INDIALANTIC, FL 32907

Subject: TROPICAL PROTECTIVE COATINGS OF BREVARD, INC.

Reference Number: P03000158313

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-  
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH  
ANNUAL REPORTS SECTION