2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

DOCUMENT # P03000158313

Principal Place of Business

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



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

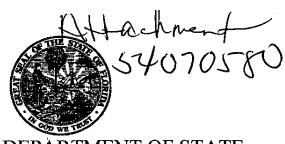
08-18-2004 90001 016 ***150.00 08-30-2004 90001 011 ***400.00

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| 1240 WILD ROSE DR., N.E. Palm Bay, Fl 32905-4310 | | | 108 VENUS CT. Indialantic, FL 32907 | | | | | . (| | | | |
|---|-------------------------------|---------------------------------------|--|---------------------|--|-------------|----------------------------------|-------------------|------------------|-------------------------------|--|--|
| 2. Principal Pl | lace of Busin | ness : | 3. Mailing Addre | Mailing Address | | | | | | | | |
| | | | | G. Maning Houses | | | YAN KUN BARN MUNI BARN | 1 (1884 BMB) (218 | U 11184 1488U 18 | HERI II LERI | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, s | Suite, Apt. #, etc. | | | Chg-P | CR2E03 | 1 (10/03) | | | |
| City & State | | | City & State | City & State | | | 057019 | 9 | | plied For at Applicable | | |
| Zip | *1 | Country | Zip | Zip Cour | | | 5. Certificate of Status Desired | | | S8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| | | | | | Name | | | | | | | |
| PERROW, JOHN 108 VENUS CT. INDIALANTIC, FL 32907 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | , | 2001 | | | İ | | | | | ĺ | | |
| | | | | | City | | | FL | Zip Cod | 6 | | |
| 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 | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5:00 May 6a After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees | | | | | | | | • | | | | |
| 10. | | OFFICERS AN | ID DIRECTORS | 11 | | ADDITIONS/C | HANGES TO OFF | ICERS AND I | DIRECTOR | S IN 11 | | |
| TITLE | PVST ; | | □ De | lete III | LE | | | 1 | Change | ☐ Addition | | |
| NAME | | | | 1 | ME | | | | | | | |
| STREET ADDRESS | 111 | | | REET ADORESS | | | | | | | | |
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| TITLE | ַ טן | LIOINI | ☐ Da | | LE I | | | | ☐ Change | Addition | | |
| NAME STREET ADDRESS | PERROW, JOHN ss 108 VENUS CT. | | | REET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | • | | | | | | | |
| IIILE | 1 | | | lete III | 1E | | | | Change | Addition | | |
| MAME | , | | <u></u> 00 | | ANE. | | | : | | | | |
| STREET ADDRESS | | | | sr | REET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | a cu | Y-S1-ZIP | · | | | | | | |
| TITLE | | | □ o | dete 10 | 'LE | | | | ☐ Change | Addition | | |
| NAME | | | | | ME | | | | | 1 | | |
| STREET ADDRESS | . ' | | | | REET ADDRESS | | <u> </u> | " على مستنبسايلاً | <u> </u> | | | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | | Y-51-ZP | | | | | | | |
| المعناسمين الماللة | ~ - | | Di | 1070 | LE ME | | | | Change | Addition | | |
| NAME CERTADORES | ; | | | | REET ADDRESS | | | | | | | |
| STREET ADDRESS CITY-S1-ZIP | l . | | | | IY-ST-ZIP | | | | | | | |
| TITLE | | | | | TLE | | | | ☐ Change | Addition | | |
| NAME | | | _ U | | ME | | | | | | | |
| STREET ADDRESS | 1 1 | | | | REET ADDRESS | | | | | | | |
| CITY-S1-ZIP | <u> </u> | | | CI | IY-S1-ZIP | | | | | | | |

12. I hereby certify that the information supplied with this filling 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.

7.6.0



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 <u>has not been filed</u> 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