

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90002 028 ***150.00

DOCUMENT # P03000158336

1. Entity Name
S & T CLEAR COATS BY SHANNON PRATT, INC.



Principal Place of Business
**248 W WARD
EUSTIS, FL 32726**

Mailing Address
**248 W WARD
EUSTIS, FL 32726**

40087613

2. Principal Place of Business
248 W WARD
Suite, Apt. #, etc.

3. Mailing Address
248 W WARD
Suite, Apt. #, etc.

City & State
Eustis FL

City & State
Eustis FL

Zip
32726

Country
LAKE

Zip
32726

Country
LAKE



05232005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3773722

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PRATT, SHANNON
248 W WARD
EUSTIS, FL 32726**

7. Name and Address of New Registered Agent
Name **Shannon Pratt**
Street Address (P.O. Box Number is Not Acceptable)
248 West Ward
City **Eustis** FL **32726**

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 **Shannon Pratt** **6/4/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD PRATT, SHANNON 248 W WARD EUSTIS, FL 32726 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **Shannon Pratt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #