

FILED
Jun 13, 2005 8:00 am
Secretary of State

04-27-2005 90349 017 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

66022773



1st MOORE CR2E034 (10/04)

DOCUMENT # P04000015001			
1. Entity Name TITAN COATINGS, INC.			
Principal Place of Business 2 MYSTIC LAKE DR PETERSBURG FL 33702		Mailing Address 312 MYSTIC LAKE DR ST PETERSBURG FL 33702	
2. Principal Place of Business 6299 34 Ave. N.		3. Mailing Address 6299 34 Ave N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Petersburg FL		City & State St. Petersburg FL	
Zip 33710		Zip 33710	
Country Pinellas		Country Pinellas	
4. FEI Number 68-0603633		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALOUS, TIMOTHY L 312 MYSTIC LAKE DR ST PETERSBURG FL 33702		7. Name and Address of New Registered Agent Name Kalous Timothy L. Street Address (P.O. Box Number is Not Acceptable) 6299 34 Ave N. City St. Petersburg FL Zip Code 33710	
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: DATE: 4/15/05 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when terminating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	President/owner Timothy L. Kalous 6299 34 Ave. N. St. Pete FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		DATE: 4/15/05 (827) 686-2568	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Confirmation Phone #</small>	