

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040458

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: ULTIMATE SEALCOATING SERVICES, INC.

**Current Principal Place of Business:**

6164 PALOMINO CIR  
UNIVERSITY PARK, FL 34201

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 20295  
BRADENTON, FL 34204

**New Mailing Address:**

FEI Number: 56-2444523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONWAY, ROBERT  
6164 PALOMINO CIRCLE  
UNIVERSITY PARK, FL 34201 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVT ( ) Delete  
Name: CONWAY, ROBERT  
Address: 6164 PALOMINO CIR  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: S ( ) Delete  
Name: CONWAY, JOHN  
Address: 6164 PALOMINO CIR  
City-St-Zip: UNIVERSITY PARK, FL 34201

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CONWAY

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04/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date