


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90084 027 ***150.00

DOCUMENT # P04000064346 1. Entity Name MID ISLAND COATINGS CORP.					
Principal Place of Business 10 CHADWICK CT PALM COAST, FL 32137			Mailing Address 10 CHADWICK CT PALM COAST, FL 32137		
2. Principal Place of Business 7925 McClintock Way		3. Mailing Address 7925 McClintock Way			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port St. Lucie F		City & State Port St. Lucie FL			
Zip 34952		Country USA		Zip 34952	
Country USA		Country USA			
6. Name and Address of Current Registered Agent EKMAN, DONALD 10 CHADWICK CT PALM COAST, FL 32137			7. Name and Address of New Registered Agent 7925 McClintock Way Port St. Lucie, FL 34952		
Name 			Name 		
Street Address (P.O. Box Number is Not Acceptable) 			Street Address (P.O. Box Number is Not Acceptable) 		
City 			City 		
State FL			State FL		
Zip Code 			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 <u><i>Donald Ekman</i></u> DATE <u>4-6-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	D EKMAN, DONALD 10 CHADWICK CT PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 7925 McClintock Way Port St. Lucie, FL 34952	
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Donald Ekman</i></u>			DATE: <u>4-6-06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		