


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000118510 1. Entity Name COATINGS INCORPORATED	
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Principal Place of Business 11705 BOYETTE RD. SUITE # 504 RIVERVIEW, FL 33569	Mailing Address 11705 BOYETTE RD. SUITE # 504 RIVERVIEW, FL 33569
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DO NOT WRITE IN THIS SPACE



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1142984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAJEK, MIKE 5308 CENTRAL AVENUE ST. PETERSBURG, FL 33707	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 05/04/08-80036-010 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO BOLL, JULIA R 9298 CARR RD. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/08
Date Daytime Phone #