

FILED
May 25, 2005 8:00 am
Secretary of State

04-27-2005 90336 043 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

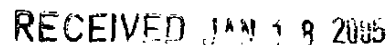
DOCUMENT # P04000141090			
1. Entity Name SPRAY APPLIED MEMBRANE SYSTEMS, INC.			
Principal Place of Business 3882 CENTER LOOP ORLANDO, FL 32808		Mailing Address 3882 CENTER LOOP ORLANDO, FL 32808	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Fee Number 90-0213958		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALLICK, CLARENCE E 3882 CENTER LOOP ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Clarence E Wallick</i> Signature of Current Registered Agent and Officer or Director		Signature of Registered Agent Name	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 (If any)	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP WALLICK, CLARENCE E 3882 CENTER LOOP ORLANDO, FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST BIEN, FRANK 3882 CENTER LOOP ORLANDO, FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(a), 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 submit this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, as an officer or director or as an authorized agent, and that my name appears in Block 10 or Block 11 if changed.			
SIGNATURE: <i>C E Wallick</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-21-05 Date	

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Employer Identification Number:
90-0213958

Form: 2553

Number of this notice: CP 576 A

SPRAY APPLIED MEMBRANCE SYSTEMS INC
3882 CENTER LOOP
ORLANDO FL 32808

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

As we were processing your Form 2553 for tax period 122004, we found that your form didn't have a valid employer identification number (EIN). Our records show no EIN assigned to this business. Since an EIN is required by law, we assigned you EIN 90-0213958. Please keep this notice for your records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538 (Accounting Periods and Methods), available at most IRS offices.

We've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom part of this notice within 15 days. We've enclosed an envelope for your convenience.

If you already have an EIN, return the bottom part of this notice to us. Write in the exact name and EIN shown on the notice you received assigning you that EIN.

Thank you for your cooperation.