

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90039 015 ***150.00

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1. Entity Name
FLORIDA CUSTOM COATINGS, INC.



Principal Place of Business
**19840 HUBER ROAD
N FT MYERS, FL 33917**

Mailing Address
**19840 HUBER ROAD
N FT MYERS, FL 33917**

40070736



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1723904

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DANIELS, PAUL W
19840 HUBER ROAD
N FT MYERS, FL 33917**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DANIELS, PAUL W
STREET ADDRESS	19840 HUBER ROAD
CITY-ST-ZIP	N FT MYERS, FL 33917
TITLE	D
NAME	DANIELS, MARY E
STREET ADDRESS	19840 HUBER ROAD
CITY-ST-ZIP	N FT MYERS, FL 33917
TITLE	D
NAME	DANIELS, CHARLES F
STREET ADDRESS	3306 - 11TH ST. WEST
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	VP
NAME	DANIELS, CRAIG W
STREET ADDRESS	19840 HUBER ROAD
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	D
NAME	DUPES, RONALD E
STREET ADDRESS	1382 GAIL STREET
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

Paul W. Daniels, Director 1/25/08 1-239-910-6694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #