

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 8:00 am
Secretary of State

03-23-2006 90036 001 ***300.00

DOCUMENT # P04000164905

1. Entity Name

~~LINING SYSTEM SALES, INC.~~

INDUSTRIAL COATINGS & PLASTICS, INC.



Principal Place of Business

~~550 HOLTS LAKE CT., STE 104~~
~~APOPKA FL 32708~~

Mailing Address

~~550 HOLTS LAKE CT., STE 104~~
~~APOPKA FL 32708~~

2. Principal Place of Business

1222 CAMP AVE

Suite, Apt. #, etc.

3. Mailing Address

1222 CAMP AVE

Suite, Apt. #, etc.

City & State

MT. DORA, FL

City & State

MT. DORA, FL

Zip

32757

Country

USA

Zip

32757

Country

USA

4. FEI Number

20-2322251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~LEE, GAVIN D~~

~~201 PARK PLACE, SUITE 204~~
~~ALTAMONTE FL 32701~~

7. Name and Address of New Registered Agent

Name

N. SEAN McMullen

Street Address (P.O. Box Number is Not Acceptable)

1222 CAMP AVE

City

MT DORA

FL

Zip

32757

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

James M. Ashcraft

(NOTE: Registered Agent signature required when changing)

4/17/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMOS, PAUL	
STREET ADDRESS	550 HOLTS LAKE CT., STE 104	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES ASHCRAFT	
STREET ADDRESS	1222 CAMP AVE.	
CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	N. SEAN McMullen	
STREET ADDRESS	1222 CAMP AVE	
CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE ASHCRAFT	
STREET ADDRESS	1222 CAMP AVE	
CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/17/06

DATE

352-383-0194

DAYTIME PHONE #



ATTACHMENT 66010768
#04000164905

1222 Camp Avenue
Mount Dora, FL 32757
Ph: (352) 383-0194
Fax: (352) 383-0285

Monday, April 17, 2006

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs,

Please make the name, address and other changes as indicated on the enclosed forms. We have tried several times to get these corrections made, both by mail and by internet, however, we have not been successful.

Thank you for your help with this matter. If you need further information, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Frankie Merritt".

Ms. Frankie Merritt
Accounts Manager



ATTACHMENT

66010768

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2006

LINING SYSTEM SALES, INC.
550 HOLTS LAKE CT., STE 104
APOPKA, FL 32703

Subject: **INDUSTRIAL COATINGS & PLASTICS, INC.**

Reference Number:

P04000164905

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$300.00 of which \$150.00 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj

ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, Florida 32314