2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jun 06, 2007 8:00 am Secretary of State

DOCUMENT # P05000020186 1. Entity Name SURFACE SEALANTS, INC.					05-09-2007 90111 049 ***150.00				
Principal Place of Business 235 APOLLO BEACH BLVD # 105 APOLLO BEACH FL 33572		Mailing Address 235 APOLLO BEACH APOLLO BEACH FL		-					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address			 	VIESTA EVI ODTIÐ Í BINNY OÐTIÐ Í	JESM BRIM BRIM MUST MAST BI	1131 M 441 IC III	1911181 TO 1911
Suite, Apt. #, etc.		Suite, Apt. #, otc.			1st	MOORE	CR2E034	(10/06)	
City & State		City & State		4. FEIN 20-		AE-PLIED FOR H			opplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate	of Slatus Desired		8.75 Ad ee Requir	
	6. Name and Address of Current	Registered Agent	sistered Agent Name			Address of New	Registered Ag	jent	
. 92 9	A REGISTERED AGENT INC. SADBERRY RD INCY FL 32351		Street Address		P.O. Box Numbe	er is Not Accepta	ole)		
			City				FL	Zip Cod	de
8. Tho above the obligat	named entity submits this statement to ions of registered agent.	r the purpose of changing its	s registered office	or registero	ed agont, or bot	h, in the State of I	-lorida. I am far	niliar with	, and accept
SIGNATURE Squature, typed or printed name of registered agent and lide if applicable (NOTE, Registered Agents sphature required when reinstaining) DATE									
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of			<u> </u>		9. Election Cam Trust Fund Co			.00 May Be ed to Fees
10.	OFFICERS AND		11.		ADDITIONS/0	CHANGES TO OF	FICERS AND D	RECTOR	
NAME STITELE ADDRESS	CARLSON, G STEVE 950 ALLEGRO LN	☐ Delete	TITLE NAME SIREFT ADDRESS				[Change	☐ Addition
CITY-S1-71P	APOLLO BEACH FL 33572		CHY-SI-ZIP						
NAMO SIPLI'I ADDRESS CITY-SI-7IP	CARLSON, LAURA J 950 ALLEGRO LN APOLLO BEACH FL 33572	☐ Detete	HITE NAME STREET ADDRESS CITY-S3-ZIP				C	Change	Addition
Jun .		☐ Detale	INLE					Change	Addition
SINTELADORESS CHY+SI+ZIP	_		STREET ADDRESS CHY+51-2IP				~-•		
BILLE: NAME		☐ Delete	INIE					Change	Addition
SIPIET ADDRESS CITY-SI-7IP			SIRECT ADDRESS CITY S1-Z1P						į
HAMS		☐ Detete	TITLE NAME					Change	Addition
SIPEET ADDRESS CHY+SI-7IP			STREET ADDRESS CHTY-ST-ZIP						İ
TIBE HAME SIREET ADDRESS CITY-SI-ZIP		☐ Defele	NAME SIREET ADDRESS CITY-ST-ZIP] Change	Additron
12. I hereby certily that the information supplied with this fitting 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 early, 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 il changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Laura J Curlsin 2 27 07 \$13-645-8330									
SIGNAI	SIGNATURE AND TYPET OR P	BINTED NAME OF BIGHING OFFICER			<u> </u>) 1 U	<u> </u>	0 ر	<u> </u>