

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90066 035 ***150.00

DOCUMENT # P05000024025 1. Entity Name PRECISION COAT OF FLORIDA CORP.			
Principal Place of Business 10410 CANARY ISLE DRIVE TAMPA, FL 33647 US		Mailing Address 10410 CANARY ISLE DRIVE TAMPA, FL 33647 US	
2. Principal Place of Business - No P.O. Box # 37914 Vitality Way		3. Mailing Address 37914 Vitality Way	
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B	
City & State Dade City FL		City & State Dade City FL	
Zip 33523		Zip 33523	
Country US		Country US	
4. FEI Number 20-2383434		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANZI, PHILLIP 10410 CANARY ISLE DRIVE TAMPA, FL 33647		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: 3/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete NAME MANZI, PHILLIP STREET ADDRESS 10410 CANARY ISLE DRIVE CITY-ST-ZIP TAMPA, FL 33647	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
TITLE VP	<input type="checkbox"/> Delete NAME MANZI, PHILLIP STREET ADDRESS 10410 CANARY ISLE DRIVE CITY-ST-ZIP TAMPA, FL 33647	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
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TITLE 	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 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 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: Phil Manzi		3/7/08 352 567 0879 <small>Date Daytime Phone #</small>	