

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90003 003 ***158.75

DOCUMENT # P05000044863 1. Entity Name A TO Z COATINGS, INC.					
Principal Place of Business 5900 OLD TAMPA HIGHWAY DAVENPORT, FL 34758 US			Mailing Address 5900 OLD TAMPA HIGHWAY DAVENPORT, FL 34758 US		
2. Principal Place of Business 5900 OLD TAMPA HIGHWAY		3. Mailing Address P.O. BOX 1030			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVENPORT, FL		City & State INTERCESSION CITY, FL		4. FEI Number 20-2592617	
Zip 33896		Country OSCEOLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33848		Country OSCEOLA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROBB, GERALD J SR. 5900 OLD TAMPA HIGHWAY DAVENPORT, FL 34758			7. Name and Address of New Registered Agent Name TERESITA M. ROBB Street Address (P.O. Box Number is Not Acceptable) 1775 HARBOR RD. City KISSIMMEE FL Zip Code 34746		
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>[Signature]</i> TERESITA M. ROBB 06/07/2006 <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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBB, GERALD J SR. 5900 OLD TAMPA HIGHWAY DAVENPORT, FL 34758	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S IT TERESITA M. ROBB 1775 HARBOR RD. KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T ROBB, TERESITA M 5900 OLD TAMPA HIGHWAY DAVENPORT, FL 34758	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> TERESITA M. ROBB 06/07/2006 407-933-7990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					