

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044863

Entity Name: A TO Z COATINGS, INC.

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

5960 OLD TAMPA HIGHWAY
DAVENPORT, FL 33896 US

New Principal Place of Business:

1775 HARBOR RD.
KISSIMMEE, FL 34746 US

Current Mailing Address:

P.O. BOX 1030
INTERCESSION CITY, FL 33848 US

New Mailing Address:

FEI Number: 20-2592617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBB, TERESITA M
1775 HARBOR ROAD
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ROBB, TERESITA M
Address: 1775 HARBOR ROAD
City-St-Zip: KISSIMMEE, FL 34746 US

Title: V () Delete
Name: ROBB, GERALD J
Address: 1775 HARBOR BLVD.
City-St-Zip: KISSIMMEE, FL 34746 US

Title: V () Delete
Name: MAY, LEWIS
Address: 10200 TURKEY CAKE RD. UNIT 139
City-St-Zip: ORLANDO, FL 32819

Title: S () Delete
Name: LOMBARDI, JOSEPH
Address: 10200 TURKEY CAKE RD. UNIT 159
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESITA M. ROBB

PRES

01/21/2008

Electronic Signature of Signing Officer or Director

Date