2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 08:00 AM Secretary of State

ANNOAL REPORT					Sagratary of Stat
DOCUMENT # P05000064873 1. Entity Name SUN COAST PAINT CO.			Secretary of Sta		
Principal Place 1855 HOLL\ DELAND, FL		Mailing Address 1855 HOLLY BLVD. DELAND, FL 32720			88187 41117 88111 88111 88111 88112 41111 8188 18111 1888 11118 11 1888
, . F	OO NOT WRITE	IN THIS SDA	CE	04182007	No Chg-P CR2E034 (11/05)
			<u> </u>	4. FEI Numbe 72-1598 5. Certificate	
6. Name and Address of Current Registered Agent GERARD, JOSEPH A 1855 HOLLY BLVD. DELAND, FL 32720					NOT WRITE THIS SPACE
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					
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable. (NOTE: Registered Agent and title if applicable.) 9. Election Campaign Financian Trust Fund Contribution.				.00 May Be	0000000753802 05/22/07-80036-002 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI P GERARD, JOSEPH A 1855 HOLLY BLVD. DELAND, FL 32720	RECTORS		· · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					
STREET ADDRESS CITY-ST-ZIP				٠.	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-27-07

386 490 6777

Daytima Phone #