

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

02-02-2006 90042 029 ***158.75

DOCUMENT # P05000067692 1. Entity Name CENTURY COATINGS OF POLK COUNTY, INC.			
Principal Place of Business 150 BERGER CIR AUBURNDALE, FL 33823		Mailing Address 150 BERGER CIR AUBURNDALE, FL 33823	
2. Principal Place of Business <i>150 Bergen Circle Auburndale Florida City & State 33823</i>		3. Mailing Address <i>150 Bergen Circle Auburndale Florida City & State 33823</i>	
4. FEI Number 34-2045494		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAXWELL, KIMBERLY 150 BERGER CIR AUBURNDALE, FL 33823		7. Name and Address of New Registered Agent Name <i>Kimberly Maxwell</i> Street Address (P.O. Box Number is Not Acceptable) <i>150 Bergen Circle</i> City <i>Auburndale</i> FL Zip Code <i>33823</i>	
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>Kim Maxwell</i> DATE <i>1-17-06</i> <small>Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P MAXWELL, DENNIS 150 BERGER CIR AUBURNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>150 Bergen Circle</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAXWELL, KIMBERLY 150 BERGER CIR AUBURNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>150 Bergen Circle</i>
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
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
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>Kim Maxwell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>1-17-06 (863) 968.0909</i> <small>Daytime Phone #</small>	

66004173



01042008 Chg-P CR2E034 (11/05)



ATTACHMENT
66004173

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

CENTURY COATINGS OF POLK COUNTY, INC.
150 BERGEN CIRCLE
AUBURNDALE, FL 33823

Subject: CENTURY COATINGS OF POLK COUNTY, INC.

Reference Number: P05000067692

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION