

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000078403

1. Entity Name  
LIGHTHOUSE COATINGS, INC.



FILED

06 OCT 17 AM 10: 59

FLORIDA STATE  
TALLAHASSEE, FLORIDA



01182006 Chg-P CR2E034 (11/05)

4. FEI Number  
73-173 4864 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

FRANKS, HAROLD R  
925 BROOKSHIRE CIR  
MALABAR, FL 32950

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKS, HAROLD R	
STREET ADDRESS	925 BROOKSHIRE CIR	
CITY - ST - ZIP	MALABAR, FL 32950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP	05-09-06 90066 020 \$150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Harold R. Franks  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 16, 2006 321-243-4177  
Date Daytime Phone #

## PROFESSIONAL ACCOUNTING SERVICES

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DOMENIC H. CALJCCHIA  
Accountant

1520 Bottlebrush Drive N.E., Suite 2-M  
Palm Bay, Florida 32905  
Office: (321) 951-8878  
Fax: (321) 951-3008  
Pager: 956-4702

OCTOBER 12, 2006

DIVIION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL. 32314

Gentlemen:

Enclosed is the annual report of LIGHTHOUSE COATINGS INC. the report was mailed two weeks before the May 1, 2006 dead line. The report was returned because item #4 was not entered. The report was corrected and remailed, it was probably lost in the mail.

The report is enclosed please process.

Very truly yours,

LIGHTHOUSE COATINGS, INC.

  
HAROLD R FRANK, PRES