

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90053 038 ***150.00

DOCUMENT # P05000112172

1. Entity Name

CENTRAL FLORIDA SEAL COATING, INC.



Principal Place of Business

35546 CYPRESS HAVEN WAY
LEESBURG FL 34788
US

Mailing Address

35546 CYPRESS HAVEN WAY
LEESBURG FL 34788
US



2. Principal Place of Business - No P.O. Box #

35546 Cypress Haven Way
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Leesburg FL 34788
34788 Lake

City & State

Same
Zip Country

4. FEI Number

20-3542619

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOCKWOOD, RICHARD L
35546 CYPRESS HAVEN WAY
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name

NO changes

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME RICH, DANIEL F
STREET ADDRESS 2641 EAST BATES AVENUE
CITY-ST-ZIP EUSTIS FL 32726

TITLE TRES ☐ Delete
NAME LOCKWOOD, ROBERT W
STREET ADDRESS 2785 EAST BATES AVENUE
CITY-ST-ZIP EUSTIS FL 32726

TITLE P ☐ Delete
NAME LOCKWOOD, RICHARD L
STREET ADDRESS 35546 CYPRESS HAVEN WAY
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/07 (352) 255-8860