

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90052 046 ***150.00

DOCUMENT # P05000112565

1. Entity Name
ARCOAT COATINGS FLORIDA CORPORATION



Principal Place of Business
5000 N OCEAN BLVD #1102 LAUDERDALE-BY-THE-SEA FL 33308

Mailing Address
5000 N OCEAN BLVD #1102 LAUDERDALE-BY-THE-SEA FL 33308



2. Principal Place of Business - No P.O. Box #
350 BUSINESS PARKWAY #107

3. Mailing Address
350 BUSINESS PARKWAY #107

1st MOORE CR2E034 (10/06)

City & State
ROYAL PALM BEACH, FL

City & State
ROYAL PALM BEACH, FL

Zip
33411

Country


4. FEI Number **84-1688583** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**JAFFIN, RICHARD
 5000 N OCEAN BLVD #1102
 LAUDERDALE-BY-THE-SEA FL 33308**

7. Name and Address of New Registered Agent
 Name **SCOTT JAFFIN**
 Street Address (P.O. Box Number is Not Acceptable)
350 BUSINESS PARKWAY #107
ROYAL PALM BEACH FL 33411

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  DATE **2/08/07**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

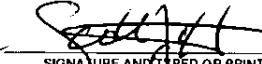
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JAFFIN, RICHARD 5000 N OCEAN BLVD #1102 LAUDERDALE-BY-THE-SEA FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S JAFFIN, SCOTT 350 BUSINESS PARKWAY #107 ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:  **VICE PRESIDENT SCOTT JAFFIN** **2/08/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #