## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000071816

City-St-Zip:

JACKSONVILLE, FL 32218

Entity Name: SPRAY MAX INDUSTRIAL COATINGS, INC.

FILED Jan 18, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11504 BOOTE BLVD JACKSONVILLE, FL 32218 **Current Mailing Address: New Mailing Address:** 11504 BOOTE BLVD JACKSONVILLE, FL 32218 FEI Number: 20-4622302 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSS, TAMMY 11504 BOOTE BLVD JACKSONVILLE, FL 32218 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition AKEL, KIDDEE AKEL, KIBBEE Name: Name: 11504 BOOTE BLVD 11504 BOOTE BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: Title: () Delete () Change () Addition Name: ALVAREZ, DARCY Name: 11504 BOOTE BLVD Address: Address: JACKSONVILLE, FL 32218 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition ROSS, TAMMY Name: Name: 11504 BOOTE BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HAY, FREDERICK T JR. Name: Name: Address: 11504 BOOTE BLVD Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KIBBEE AKEL D 01/18/2007