

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000072262

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** SOLAR THERMAL SHIELD POLYURETHANE & COATINGS, INC.

**Current Principal Place of Business:**

5210 BAYLINE DRIVE  
NORTH FORT MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

1392 EUCLID AVENUE  
NORTH FORT MYERS, FL 33917 US

**New Mailing Address:**

**FEI Number:** 26-0402632      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIPP, LAWRENCE D  
1392 EUCLID AVENUE  
NORTH FORT MYERS, FL 33917 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TRIPP, LAWRENCE D  
Address: 1392 EUCLID AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: SD  
Name: KRUMM, JUDY  
Address: 15030 ARBOR LAKES DR W, NO 106  
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE D TRIPP

PRES

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date