


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90001 045 \*\*\*550.00

<b>DOCUMENT # P94000004828</b>	
1. Entity Name CENTURY COATINGS, INC.	

Principal Place of Business 2716 LOOP RD W AUBURNDALE, FL 33823 US	Mailing Address 2716 LOOP RD W AUBURNDALE, FL 33823 US
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54071579

2. Principal Place of Business 1310 LOOP RD W Suite, Apt. #, etc.	3. Mailing Address 1310 LOOP RD W Suite, Apt. #, etc.
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City & State AUBURNDALE, FL	City & State AUBURNDALE, FL
Zip 33823	Country POIK



07272004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3227845	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  QUEEN, JAMES B 150 BERGEN CIRCLE AUBURNDALE, FL 33823	7. Name and Address of New Registered Agent Name JAMES B QUEEN Street Address (P.O. Box Number is Not Acceptable) 1310 LOOP RD W City AUBURNDALE FL Zip Code 33823
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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 *James B Queen - President* DATE *8/9/04*  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT QUEEN, JAMES B 2716 LOOP RD W AUBURNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIT QUEEN, JAMES B 1310 LOOP RD W AUBURNDALE, FL 33823 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS QUEEN, PAMELA F. 2716 LOOP RD W AUBURNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS QUEEN, PAMELA F 1310 LOOP RD W AUBURNDALE, FL 33823 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: *Pamela F Queen - Pamela F Queen - VP* DATE *8/9/04* DAYTIME PHONE # *863-666-5576*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR