2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 16, 2006 08:00 AM DOCUMENT # P95000058394 **Secretary of State** 1. Entity Name ARMSTRONG & ASSOCIATES INDUSTRIAL COATINGS, Principal Place of Business Mailing Address 23755 LAKEHILLS DRIVE 23755 LAKEHILLS DRIVE LUTZ FL 33559 **LUTZ FL 33549** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-3329314 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARMSTRONG, RICHARD Street Address (P.O. Box Number is Not Acceptable) 23755 LAKEHILLS DRIVE **LUTZ FL 33549** Zip Code City 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent end life it applicable (NOTE: Registered Agent signature required when remislating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Attiti INTE ☐ Detete TITLE MAME ARMSTRONG, RICHARD NAME 23755 LAKEHILLS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** Change ☐ Adda... TITLE Delete TITLE NAME U00000435752 STREET ADDRESS STREET ADDRESS 02/27/06-80004-017 150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TET) F TOTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Channe [] Addition TITLE Detete TOTALE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ #.4.000 ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-76 Manie D Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplementalfreport 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.

FILED

HRMSIRONG 2-13-06 813-948-8011