


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P96000012625 1. Entity Name CENTRAL FLORIDA POWDER COATING, INC. |  |
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| Principal Place of Business 408 PIEDMONT ST. ORLANDO, FL 32806 | Mailing Address 408 PIEDMONT ST. ORLANDO, FL 32806 |
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01132004 No Chg-P CR2E034 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 59-3356340 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRONOVITSKY, STEVE
408 PIEDMONT ST.
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000051752
02/16/04 00054-015 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, THOMAS F 1150 COVEWOOD TRAIL MAITLAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRONOVITSKY, STEVE 5438 PARKWAY DR. BELLE ISLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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:  **STEVE BRONOVITSKY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-04 407 402-4090
Date Daytime Phone #