2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 11, 2005 8:00 am **DOCUMENT # P96000030979 Secretary of State** 1. Entity Name 02-11-2005 90052 033 ***150.00 ENVIRONMENTAL PROTECTIVE COATINGS, INC. Principal Place of Business Mailing Address P.O. BOX 20937 7901 209TH ST EAST PUULAHOO **BRADENTON FL 34202 BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address 23715 73rd Ave. E. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 59-3371186 Nakka Not Applicable 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 WESTRICK, JOHN A JR Street Address (P.O. Box Number is Not Acceptable) 7901 203RD STREET E **BRADENTON FL 34202** City Zip Code of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept ed entity submits this statement for the purpose 8. The above nat the obligations SIGNATURE . (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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 Addition TITLE ☐ Delete TITLE WESTRICK, JOHN A JR NAME NAME STREET ADDRESS 7901 209TH STREET EAST STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZiP CITY-ST-ZiP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not applied with this filing does not applied with 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 eath; 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 atta

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