

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000042380

1. Entity Name
A-1 COATING, INC.



[Handwritten Signature]

FILED

06 SEP 25 2006 1:41

SECRET
TALLAHASSEE, FL



Principal Place of Business
12911 LADD AVENUE
NEW PORT RICHEY, FL 34654

Mailing Address
12911 LADD AVENUE
NEW PORT RICHEY, FL 34654

2. Principal Place of Business
9925 GRACE DRIVE

3. Mailing Address
9925 GRACE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09202006 Chg-P CR2E034 (11/05)

City & State
PORT RICHEY, FL

City & State
PORT RICHEY, FL

4. FEI Number
59-3382968

Applied For
Not Applicable

Zip
34668

Country

Zip
34668

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNS, WILLIAM D
12911 LADD AVENUE
NEW PORT RICHEY, FL 34654

7. Name and Address of New Registered Agent

Name
PITT, JR., MICHAEL FLOYD

Street Address (P.O. Box Number is Not Acceptable)
9925 GRACE DRIVE

City
PORT RICHEY

FL

Zip Code
34668

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

[Handwritten Signature]

x 9/22/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
JOHNS, WILLIAM D
12911 LADD AVENUE
NEW PORT RICHEY, FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/P/S/T
PITT, JR., MICHAEL FLOYD
9925 GRACE DRIVE
PORT RICHEY, FL 34668

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400080153784
09/25/06--01068--017 **\$61.25

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Handwritten Signature]

MICHAEL FLOYD PITT, JR. x 9/22/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #