2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: MICHAEL S DER ANGEN.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 11, 2005 .08:00 AM Secretary of State

386-788-7234 Daytime Prione #

| DOCUMENT # P96000049968 1. Entity Name SUNCOAST CUSTOM PAINTING, INC. | | | | Secretary of State |
|---|--|---|-------------------|--|
| 684 BRANCI | H DRIVE 6 | eiling Address 184 BRANCH DRIVE PORT ORANGE, FL 32127 | _ | |
| DO NOT WRITE IN THIS SPACE | | | CE | 02032005 No Chg-P CR2E034 (10/03) 4. FEI Number |
| 6. Name and Address of Current Registered Agent DERANGER, MICHAEL S 684 BRANCH DRIVE PORT ORANGE, FL 32127 | | | Talenten in the S | 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 Signature, typed or printed name of registered agent and tise if applicable. (NOTE, Registered Agent signature required when reinstailing) DATE | | | | |
| | E NOW!!! 'FEE IS \$150.00 'ay 1, 2005 Fee will be \$550.00 | 9. Election Campaign Fina Trust Fund Contribution. | | 5.00 May Be ded to Fees |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DERANGER, MICHAEL S 684 BRANCH DRIVE PORT ORANGE, FL 32127 | CTORS | | U00000224820 (02/11/05-80014-012 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 182/11/U5-80014-012 150 .0 0 |
| NAME STREET ADDRESS CITY-ST ZIP | | | | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | , · | |
| 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 cath; 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. | | | | |