

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

|                                                                                          |                                                                                   |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000050866</b><br>1. Entity Name<br><b>SOUTHERN COAST PAINTING, INC.</b> |  |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>4277 EXCHANGE AVE<br>UNIT 4<br>NAPLES, FL 34104 | <b>Mailing Address</b><br>4277 EXCHANGE AVE<br>UNIT 4<br>NAPLES, FL 34104 |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

000000492267  
04/19/06-80057-022 150.00



**DO NOT WRITE IN THIS SPACE**

01192006 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0667921 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|-----------------------------------------------------------|-----------------------------------|

**6. Name and Address of Current Registered Agent**

WESTGATE, GREGORY  
4277 EXCHANGE AVE  
UNIT 4  
NAPLES, FL 34104

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                                                    |                                                                       |
|----------------------------------------------------|-----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DPVS<br>WESTGATE, GREGORY<br>1974 45TH TERRACE SW<br>NAPLES, FL 34116 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>WESTGATE, GREGORY<br>1974 45TH TERRACE SW<br>NAPLES, FL 34116    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       |

**DO NOT WRITE  
IN THIS SPACE**

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: Gregory Westgate 4/3/06 239-262-2225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)