

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90127 019 \*\*\*150.00

**DOCUMENT #** P96000063470

1. Entity Name

IMPACT PROTECTION, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

71 Foxhall Lane

3. Mailing Address

71 Foxhall Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PALM COAST, FLORIDA

City & State  
PALM COAST, FLORIDA

4. FEI Number  
651015954

Applied For  
Not Applicable

Zip Country  
32137 UNITED STATES

Zip Country  
32137 UNITED STATES

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
ALBERT I. CASKILL

Street Address (P.O.:Box: Number is Not Acceptable)

71 FOXHALL LANE

City PALM COAST, FLORIDA FL Zip Code 32137

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S/D
NAME	CASKILL, ALBERT I.
STREET ADDRESS	71 FOXHALL LANE
CITY-ST-ZIP	PALM COAST, FLORIDA 32137
TITLE	P/D
NAME	CZETTO, PAUL, JR.
STREET ADDRESS	163 COCOA DRIVE
CITY-ST-ZIP	TAVERNIER, FLORIDA 33070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ALBERT I. CASKILL, S/D

April 14, 2004

(386) 246-4211

Date

Daytime Phone #

CR2E034B (12/02)