2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2006 8:00 am Secretary of State DOCUMENT # P97000027333 03-31-2006 90017 041 ***150.00 TROPICAL DECKS & COATINGS, INC. Principal Place of Business Mailing Address AAAALOTU **802 HEMLOCK DRIVE 802 HEMLOCK DRIVE** APOPKA, FL 32712 APOPKA FL 32712 2. Principal Place of Business 520 Park G 3. Mailing Addre 03242006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Number TOVOVI 59-3435603 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ' A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE LEMONS, WENDY Street Address 802 HEMLOCK DRIVE APOPKA, FL. 32712 TOVOVO 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 age 3/29/06 an SIGNATURE. red agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD: TITLE ☐ Change ☐ Addition TITLE LEMONS, WENDY L NAME NAME 802 HEMLOCK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP D VP ☐ Change ☐ Addition TITLE TITLE NAME LEMONS, TIMOTHY NAME STREET ADDRESS 802 HEMLOCK DRIVE STREET ADDRESS APOPKA, AP 32712 CITY-ST-ZIP CITY-ST-ZIP DS ☐ Change ☐ Addition · TITLE Delete TITLE LEMONS, TIMOTHY NAME NAME STREET ADDRESS 802 HEMLOCK DRIVE STREET ADDRESS APOPKA, AP 32712 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS <u> 2</u>703 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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, withyall offer like empowered. SIGNATURE:

FILED