

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000026686

FILED
Mar 22, 2004
Secretary of State

Entity Name: SPECTRUM COATINGS CORPORATION

Current Principal Place of Business:

323 VILLANOVA RD.
VENICE, FL 34293

New Principal Place of Business:

323 VILLANOVA RD.
VENICE, FL 34293

Current Mailing Address:

323 VILLANOVA RD.
VENICE, FL 34293

New Mailing Address:

323 VILLANOVA RD.
VENICE, FL 34293

FEI Number: 65-0826818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEI FINANCIAL SERVICES, INC.
5348 DREW RD.
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HADNAGY, MICHAEL L
Address: 323 VILLANOVA RD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: HADNAGY, HEATHER L
Address: 323 VILLANOVA RD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: GIBBS, ARLO
Address: 437 SKYLARK BLVD
City-St-Zip: PT CHARLOTTE, FL 33952

Title: VP () Delete
Name: THOMAS, TOBY
Address: 323 VILLANOVA RD.
City-St-Zip: VENICE, FL 34293

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GIBBS, ARLO
Address: 323 VILLANOVA RD
City-St-Zip: VENICE, FL 34293

Title: VP (X) Change () Addition
Name: THOMAS, DYLAN
Address: 323 VILLANOVA RD
City-St-Zip: VENICE, FL 34293

Title: VP () Change (X) Addition
Name: THORNTON, WILLIAM E III
Address: 323 VILLANOVA RD
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. HADNAGY

PRES

03/22/2004

Electronic Signature of Signing Officer or Director

_____ Date