

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 27 AM 11:26

DOCUMENT # P98000026686 1. Entity Name SPECTRUM COATINGS CORPORATION	
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Principal Place of Business 323 VILLANOVA RD. VENICE, FL 34293	Mailing Address 323 VILLANOVA RD. VENICE, FL 34293
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10222004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0826818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEI FINANCIAL SERVICES, INC. 5348 DREW RD. VENICE, FL 34293	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HADNAGY, MICHAEL L			NAME	ARLO 01005		
STREET ADDRESS	323 VILLANOVA RD			STREET ADDRESS	323 VILLANOVA RD		
CITY-ST-ZIP	VENICE, FL 34293			CITY-ST-ZIP	VENICE, FL 34293		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HADNAGY, HEATHER L			NAME			
STREET ADDRESS	323 VILLANOVA RD			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBBS, SETH			NAME			
STREET ADDRESS	323 VILLANOVA RD			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, DYLAN			NAME			
STREET ADDRESS	323 VILLANOVA RD			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THORNTON, WILLIAM E III			NAME			
STREET ADDRESS	323 VILLANOVA RD			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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10/27/04--01089--001 **\$1.25

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 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: Michael L Hadnagy, President Date: 10-17-04 Daytime Phone #: 941-270-0632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10