

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033811

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: CUSTOM COATINGS & DESIGN, INC.

**Current Principal Place of Business:**

6121 US. HWY. 98 NORTH  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

6121 U.S. HWY. 98 NORTH  
LAKELAND, FL 33809

**New Mailing Address:**

FEI Number: 59-3505135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

METCALF, RON L  
6622 ODOM RD  
LAKELAND, FL 33809 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: P ( ) Delete  
Name: METCALF, RONALD L  
Address: 6622 ODOM ROAD  
City-St-Zip: LAKELAND, FL 33809

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: METCALF, SANDRA L  
Address: 6622 ODOM ROAD  
City-St-Zip: LAKELAND, FL 33809

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RONALD L METCALF

P

03/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date