

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90070 024 ***150.00

DOCUMENT # P98000049178	
1. Entity Name POWDER KOTE PLUS, INC.	

Principal Place of Business 2800 SOUTH NOVA ROAD UNIT F-2 SOUTH DAYTONA, FL 32119	Mailing Address 2800 SOUTH NOVA ROAD UNIT F-2 SOUTH DAYTONA, FL 32119
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50001153



DO NOT WRITE IN THIS SPACE

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3515444	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FRAZOL, ROBERT D
2090 S. NOVA RD., STE AAOS
SOUTH DAYTONA, FL 32119

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, DAVID C 2800 SOUTH NOVA ROAD SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 807, 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 filers empowered.

SIGNATURE: *[Signature]* **2-11-08 386-760-1006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #