## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jan 17, 2006 08:00 AM DOCUMENT # P98000072210 **Secretary of State** 1. Entity Name MEAD INDUSTRIAL COATINGS, INC. Principal Place of Business Mailing Address 15404 STONECREEK LN 1213 BEARSS AVE. LUTZ FL 33549 TAMPA, FL 33613 01062006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3691840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEAD, PERRY D DO NOT WRITE 15404 STONECREEK LANE TAMPA, FL 33613 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when minstating) DATE \$5.00 May Be FILE NOW!! FEE 1\$ \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE MEAD, PERRY D NAME 15404 STONECREEK LANE STREET ADDRESS **TAMPA, FL 33613** CITY-SI-ZP mle NAME STREET ADDRESS CITY-SY-719 TITLE HAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-72 TITLE NAME 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 eccurate 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.

06

Devtime Phone #

して

Ol.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED