2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2006 8:00 am **Secretary of State** DOCUMENT # P98000075712 02-16-2006 90049 017 ***150.00 PRECISION POWDER COATING, INC. Principal Place of Business Mailing Address 3946 LAKESIDE LANE MELBOURNE FL 32934 PALM BAY FL 32909 2. Principal Place of Business 3. Mailing Address 3990 DOW. SAMO Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3529212 Me I bourne Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRUMPLER, JOHN R Street Address (P.O. Box Number is Not Acceptable) 3946 LAKESIDE LANE PALM BAY FL 32909 Zip Code 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, typed or ponied name of registered agent and life if applicable (NOTE: Registered Agent signature required when romstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE ☐ Delete NAME CRUMPLER, JOHN NAME STREET ADDRESS 3946 LAKESIDE LANE STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP PALM BAY FL 32909 Delete Change TOTE TITLE ☐ Addition 971 Penelope Avenue Palm Bay, FL NAME CRUMPLER, JEFF NAME STREET ADDRESS 1105 LYNRIDGE LANE CITY-ST-ZIP PALM BAY FL 32907 HHE Delete <u>u</u>ttr ☐ Change ☐ Addition CRUMPLER, DAWN NAME STREET ADDRESS STREET ADDRESS 3946 LAKES SIDE LANE CITY-ST-ZIP CITY-ST-7IP PALM BAY FL 32909 TITLE Change DILE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change Addition THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11

ant with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF

if changed, or on an attach

SIGNATURE:

FILED