2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # S54187

1. Entity Name
SURFACE TECHNIQUES CORPORATION

Principal Place of Business
1509 1/2 49TH STREET SOUTH
GULFPORT, FL 33707

Mailing Address
1509 1/2 49TH STREET SOUTH
GULFPORT, FL 33707

04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3069258 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, TODD
810 63RD AVENUE NORTH
ST PETERSBURG, FL 33702

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000518891
05/02/06-80031-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCARTHY, JACK
STREET ADDRESS	8750 LARKIN RD
CITY-ST-ZIP	SAVAGE, MD 20763
TITLE	SD
NAME	BERGER, HOWARD
STREET ADDRESS	8750 LARKIN RD
CITY-ST-ZIP	SAVAGE, MD 20763
TITLE	CFO
NAME	KAVANAGH, KEVIN T
STREET ADDRESS	8750 LARKIN RD
CITY-ST-ZIP	SAVAGE, MD 20763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: Kevin T. Kavanagh, CFO 4/10/06 410-944-5753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #