

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

01-11-2007 90057 023 ***150.00

DOCUMENT # V12691

1. Entity Name
EXCELL COATINGS, INC.



Principal Place of Business
745 SCALLOP DRIVE
PORT CANAVERAL, FL 32920

Mailing Address
745 SCALLOP DRIVE
PORT CANAVERAL, FL 32920

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3123479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAMPA, ROBERT S.
6000 TURTLE BEACH LANE
COCOA BEACH, FL 32931

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00.

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAMPA, ROBERT
STREET ADDRESS	6000 TURTLE BEACH LANE
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	ST
NAME	DISTASIO, FREDERICK
STREET ADDRESS	2140 TOPAZCOURT
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRED DISTASIO 2-501 321-868-7968