



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000042380 1. Entity Name A-1 COATING, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 SEP 30 PM 2:48					
Principal Place of Business 12911 LADD AVENUE NEW PORT RICHEY, FL 34654				Mailing Address 12911 LADD AVENUE NEW PORT RICHEY, FL 34654				 09222004 Chg-P CR2E034 (10/03)			
2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3382968		Not Applicable					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
Zip		Country		Zip		Country					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
JOHNS, WILLIAM D 12911 LADD AVENUE NEW PORT RICHEY, FL 34654						Name Street Address (P.O. Box Number is Not Acceptable) 900041562068 10/04/04--01018--015 **61.25 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
Amended AR is \$61.25				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME		DPT <input type="checkbox"/> Delete				TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		JOHNS, WILLIAM D				STREET ADDRESS		D/P/S/T			
CITY-ST-ZIP		12911 LADD AVENUE NEW PORT RICHEY, FL				CITY-ST-ZIP		12911 LADD AVENUE NEW PORT RICHEY, FL 34654			
TITLE NAME		<input checked="" type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		JOHNS, DIANE L				STREET ADDRESS					
CITY-ST-ZIP		12911 LADD AVE NEW PORT RICHEY, FL				CITY-ST-ZIP					
TITLE NAME		<input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
TITLE NAME		<input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME		<input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>x William D. Johns</i>						WILLIAM D. JOHNS			x 9/28/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date		Daytime Phone #			