


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000042380  
 1. Entity Name  
 A-1 COATING, INC.



Principal Place of Business      Mailing Address  
 12911 LADD AVENUE              12911 LADD AVENUE  
 NEW PORT RICHEY, FL 34654      NEW PORT RICHEY, FL 34654



02282005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3382968      Not Applicable

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

**6. Name and Address of Current Registered Agent**

JOHNS, WILLIAM D  
 12911 LADD AVENUE  
 NEW PORT RICHEY, FL 34654

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	JOHNS, WILLIAM D
STREET ADDRESS	12911 LADD AVENUE
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000342929  
 04/29/05-80073-025 150.00

**DO NOT WRITE IN THIS SPACE**

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: *William D. Johns*      WILLIAMS JOHNS      x 4/27/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #