

ANNUAL REPORT

DOCUMENT # H83517

1. Entity Name
GULF SIDE PLASTERING AND STUCCO, INC.



FILED
Jan 23, 2006 08:00 AM
Secretary of State

Principal Place of Business
326 4TH AVENUE NORTH
SAFETY HARBOR, FL 34695

Mailing Address
326 4TH AVENUE NORTH
SAFETY HARBOR, FL 34695



01212005 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2624816	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

TRAAS, DONALD R.
326 4TH AVENUE NORTH
SAFETY HARBOR, FL 33572

DO NOT WRITE IN THIS SPACE

9. 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 filing) _____ DATE _____

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

10. Election Campaign Financing Incentive Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TRAAS, DONALD R.
STREET ADDRESS	326 4TH AVENUE NORTH
CITY/STATE/ZIP	SAFETY HARBOR, FL
TITLE	VP
NAME	TRAAS, PAMELA
STREET ADDRESS	326 4TH AVENUE
CITY/STATE/ZIP	SAFETY HARBOR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY/STATE/ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY/STATE/ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY/STATE/ZIP	

UN00000396142
 01/27/06-80018-026 8.75

DO NOT WRITE IN THIS SPACE

UN00000396142
 01/27/06-80018-026 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald R Traas Donald R Traas 1/22/06 727-725-2807
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Continuing Process