

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000026238	
1. Entity Name SUNSHINE STUCCO INC.	

Principal Place of Business 1523 GROVE AVE LEESBURG, FL 34748	Mailing Address 1523 GROVE AVE LEESBURG, FL 34748
---	---

DO NOT WRITE IN THIS SPACE

02142005 No Chg-P CR2E034 (10/03)

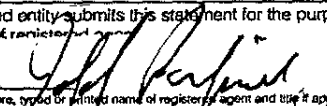
4. FEI Number 59-3704808	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**POSPISIL, JEFF
1523 GROVE AVE
LEESBURG, FL 34748**

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: **2-14-05**

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

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	000000232333 02/16/05-80069-008 150.00
---	--	---

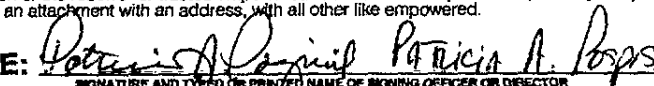
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP POSPISIL, JEFF 1523 GROVE AVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DV POSPISIL, PATRICIA 1523 GROVE AVE LEESBURG, FL 34748
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	

DO NOT WRITE IN THIS SPACE

000000232333
02/16/05-80069-008 8.75

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:  DATE: **2/14/05** (352) 323-0759

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