


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90012 003 ***150.00

DOCUMENT # P01000091991
 1. Entity Name
 WALL TO WALL PLASTERING & STUCCO, INC.



Principal Place of Business Mailing Address
 3771 WHITE SPRUCE CT. 3771 WHITE SPRUCE CT.
 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3745087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MAGRUDER, ROBERT A
 1945 POINSETTIA DR.
 PORT ORANGE, FL 32128

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 reinstating)

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAGRUDER, ROBERT A 1945 POINSETTA DR PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HULL, LON E 3771 WHITE SPRUCE CT ORMOND BEACH, FL 32174
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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: *Lon E Hull* *2-23-06 386-852-0445*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #