## 2005 FOR PROFIT CORPORATION

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

## Apr 25, 2005 8:00 am Secretary of State ANNUAL REPORT 04-25-2005 90270 025 \*\*\*150.00 DOCUMENT # P03000148885 SUPÉRIOR STUCCO SYSTEMS, INC. . ~ ~ 30026 Principal Place of Business Mailing Address 2833 HARDENBURGH LN 2833 HARDENBURGH LN EUSTIS, FL 32726 EUSTIS, FL 32726 2. Principal Place of Business 3. Mailing Address 10823 MARGARET DR 10823 MARGARET DR Suite, Apt. #, etc. 04212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For **TAVARES** TAVARES FL FL56-2424253 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 32778 32778 LAKE Fee Required LAKE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAWTON, FRANKLIN J FRANKLIN J LAWTON Street Address (P.O. Box Number is Not Acceptable) 2833 HARDENBURGH LN 10823 MARGARET DR EUSTIS, FL 32726 City **TAVARES** 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. 4-21-05 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete FRANKLIN J LAWTON 10823 MARGARET DR Addition TITLE Change PD NAME LAWTON, FRANKLIN J NAME 2833 HARDENBURGH LN STREET ADDRESS STREET ADDRESS TAVARES FL 32778 CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: X Z. My	Landen	4-21-6	
SIGNATURE AND TYPED ON PRIMED N	OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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