

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072206

FILED
Apr 27, 2007
Secretary of State

Entity Name: FIELDS STUCCO & PLASTERING, INC.

Current Principal Place of Business:

303 OLEANDER STREET
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

PO BOX 16952
JACKSONVILLE, FL 322456952

New Mailing Address:

303 OLEANDER STREET
NEPTUNE BEACH, FL 32266

FEI Number: 20-1039689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, JEFFREY R
303 OLEANDER STREET
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: FIELDS, JEFFREY R
Address: 303 OLEANDER STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: T () Delete
Name: FIELDS, JEFFREY R
Address: 303 OLEANDER STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY FIELDS

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04/27/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date