


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000135898
1. Entity Name
G&G STUCCO & LATH, INC



Principal Place of Business Mailing Address
3505 FORESTDALE DR 3505 FORESTDALE DR
ORLANDO, FL 32808 ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1689183 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GODINEZ, PATRICIA L
3505 FORESTDALE DR
ORLANDO, FL 32808

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

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 | P |
| NAME | GODINEZ, PATRICIA L |
| STREET ADDRESS | 3505 FORESTDALE DR |
| CITY-ST-ZIP | ORLANDO, FL 32808 |
| TITLE | S |
| NAME | GODINEZ, PATRICIA L |
| STREET ADDRESS | 3505 FORESTDALE DR |
| CITY-ST-ZIP | ORLANDO, FL 32808 |
| TITLE | VP |
| NAME | GOMEZ, FERNANDO |
| STREET ADDRESS | 3505 FORESTDALE DR |
| CITY-ST-ZIP | ORLANDO, FL 32808 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Patricia L Godinez* 4/10/06 (407) 223-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #