


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 680134</b> 1. Entity Name <b>FLORIDA PLASTERING CONTRACTORS, INC.</b>	
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Principal Place of Business <b>944 COUNTRY CLUB BLVD., STE. 103 C/O DAVID W. PLAZEWSKI CAPE CORAL, FL 33990</b>	Mailing Address <b>944 COUNTRY CLUB BLVD., STE. 103 C/O DAVID W. PLAZEWSKI CAPE CORAL, FL 33990</b>
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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2007289</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**PLAZEWSKI, DAVID W.  
944 COUNTRY CLUB BLVD. #103  
CAPE CORAL, FL 33990**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retesting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLAZEWSKI, DAVID W. 944 COUNTRY CLUB BLVD. #103 CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WHITE, MARY K MS 3304 SW 3RD AVE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ROBERT JOSEPH PLAZEWSKI 628 WILDWOOD PKWY CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PLAZEWSKI, MARIE L MRS. 628 WILDWOOD PKWY CAPE CORAL, F 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/07-80039-022 150.00

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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1-17-07** **239-574-1200**  
Date Daytime Phone #