## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 12, 2004 8:00 am Secretary of State DOCUMENT # F01000002921 1. Entity Name 02-12-2004 90008 045 \*\*\*150 00 STUCCO MOLDINGS, INC. Principal Place of Business Mailing Address 1350 12TH STREET EAST 1131 DOUGLAS ROAD PALMETTO FL 34221 BATAVIA IL 60510 2. Principal Place of Business 1350 12TH STREET EAST 3. Mailing Address 1131 DOUGLAS ROAD Suite, Apt. #, etc. BATAVIA Suite, Apt. #, etc. CR2E034 (11/03) PHLMETTO, FC City & State City & State 4. FEI Number Applied For 74-2879252 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 60510 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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. للمن والمراجع الماس SIGNATURE Signature, typed or printed name of registered arrent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE TITLE Addition ☐ Delete NAME KLYACHENKO, PETER NAME 1345 TANSEN CT 4303 ROYAL FOX DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST, CHARLES IL 60174 CITY-ST-ZIP WHEATON, IL 60187 ☐ Delete TITLE Change Addition NAME SAVENOK, VITALY NAME THOMPSON OR STREET ADDRESS 516 TENNISON DRIVE STREET ADDRESS WHEATON IL 60187 CITY-ST-ZIP CITY-ST-ZIP WHEATON, IL 60187 TITLE Delete TITLE Change Addition NAME SAVENOK, VLADIMIR" NAME 26-W 442 NATTONIC STR STREET ADDRESS STREET ADDRESS 760 BUFFALO CIRCLE CITY-ST-ZIP CITY-ST-7/P CAROL STREAM IL 60188 CAROL STREAM IL TITLE ☐ Delete TITLE ☐ Change ☐ Addition SAVENOK, PAUL NAME > NAME STREET ADDRESS 102 E. FARNHAM STREET ADDRESS WHEATON IL 60187 CITY-ST-ZIP CITY-ST-ZIP 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 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 flue 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 employered 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 atta

**FILED** 

01/28/04 630-482-2590