

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # H01936 1. Entity Name STATE PLASTERING COMPANY, INC.	
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Principal Place of Business 13642 NW US HWY 441 ALACHUA, FL 32615 US	Mailing Address PO BOX 1029 ALACHUA, FL 32616 1029 US
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-17 CR2E034 (10/03)

4. FEI Number 59-2507048	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOSTON, JOFFRE T
1733 NW 39TH DR
GAINESVILLE, FL 32605

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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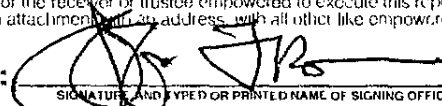
10. OFFICERS AND DIRECTORS

NAME DPS BOSTON, JOFFRE T. 1733 NW 39TH DRIVE GAINESVILLE, FL 32605
NAME DV CROSIER, AUBREY C 20631 NW 78TH AVENUE ALACHUA, FL 32615
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01/26/04-80051-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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 to an address, with all other like empowered.

SIGNATURE:  **1/26/2004 (386)462-1532**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR