

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H01936

FILED
Jan 17, 2005
Secretary of State

Entity Name: STATE PLASTERING COMPANY, INC.

Current Principal Place of Business:

13642 NW US HWY 441
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1029
ALACHUA, FL 326161029 US

New Mailing Address:

FEI Number: 59-2507048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSTON, JOFFRE T
1733 NW 39TH DR
GAINESVILLE, FL 32605 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: DPS () Delete
Name: BOSTON, JOFFRE T.,
Address: 1733 NW 39TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: DV () Delete
Name: CROSIER, AUBREY C
Address: 20631 NW 78TH AVENUE
City-St-Zip: ALACHUA, FL 32615

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 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 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: JOFFRE T. BOSTON

DPS

01/17/2005

Electronic Signature of Signing Officer or Director

Date