2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H26187

1. Entity Name
KNAPP'S STUCCO, INC.

Principal Place of Business	Malling Address
1462 KEY WAY RD. ENGLEWOOD, FL 34223	1462 KEY WAY RD. ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE

03202006   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-2455797

Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KNAPP, WALTER A
1462 KEY WAY RD.
ENGLEWOOD, FL 34223

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 reinstating)   DATE

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

H000004791255
04/08/06-00032-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVPS	
NAME	KNAPP, SHIRLEY	
STREET ADDRESS	1462 KEY WAY RD.	
CITY-ST-ZIP	ENGLEWOOD, FL	
TITLE	T	
NAME	KNAPP, WALTER A	
STREET ADDRESS	1462 KEYWAY RD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: _Shirley C. Knapp_ Knapp's Stucco Inc. 3/21/06   941-474-2462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #