

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H37213**

1. Entity Name  
AA STUCCO & DRYWALL, INC.



Principal Place of Business  
6200 SHIRLEY STREET  
UNIT 201  
NAPLES, FL 34109 US

Mailing Address  
6200 SHIRLEY STREET  
UNIT 201  
NAPLES, FL 34109 US



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2493768

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ANDREWS, LARRY R  
413 RIDGE DR.  
NAPLES, FL 33963

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, LARRY R. 413 RIDGE DRIVE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARMENTROUT, JOHN D. 661 105TH AVE N NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDREWS, LARRY R 413 RIDGE DR NAPLES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/13/04-80057-013 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Larry R. Andrews*  
President

01/07/04 (339) 598-1100  
Date Daytime Phone #