


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # H55044	
1. Entity Name COPPOLA PLASTERING, INC.	

<i>Principal Place of Business</i>	<i>Mailing Address</i>
5015 SW LUDLUM ST. 5015 SW LUDLUM ST. PALM CITY, FL 34990 US	5015 LUDLUM ST. 5015 SW LUDLUM ST. PALM CITY, FL 34990 US



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2533723	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

COPPOLA, JAMES
 5015 SW LUDLUM ST
 PALM CITY, FL 33442-0028

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COPPOLA, JAMES
STREET ADDRESS	5015 SW LUDLUM ST.
CITY-ST-ZIP	PALM CITY, FL
TITLE	S
NAME	DAVENPORT, JOE
STREET ADDRESS	4937 S.W. 83RD ST.
CITY-ST-ZIP	WEST PALM BEACH, FL 34490
TITLE	T
NAME	KING, RICKY JOE
STREET ADDRESS	5015 SW LUDLUM ST
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000202398
 01/28/05-80107-016 150.00

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)(i), 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: James M Coppola 1-26-05 954-969-8786

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