

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # J33870

1. Entity Name

B & F STUCCO, INC.



Principal Place of Business
9280 E. SILVER OAKS TRL
INVERNESS FL 32650-1932

Mailing Address
% MICHAEL FEESER
9280 E SILVER OAKS TRL
INVERNESS FL 34450



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2733983**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

FEESER, MICHAEL
9640 EAST SILVER OAKS TRAIL
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FEESER, MICHAEL
STREET ADDRESS 9640 E. SILVER OAKS TR
CITY-STATE-ZIP INVERNESS FL

TITLE D ☐ Delete
NAME BURLEW, ROBERT W. JR
STREET ADDRESS P.O. BOX 630
CITY-STATE-ZIP HERNANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
U00000612343
02/02/07-80102-023 150.00

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
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CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael Feeser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 (352) 344-1748

Date

Daytime Phone #