


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90098 035 ***150.00

DOCUMENT # J61293	
1. Entity Name C & D PLASTERING AND STUCCO, INC.	

Principal Place of Business 444 PINE ISLAND ROAD NORTH FT. MYERS, FL 33903	Mailing Address 444 PINE ISLAND ROAD NORTH FT. MYERS, FL 33903
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40047866



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03202005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2823285

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

6. Name and Address of Current Registered Agent	
THOMAS, LADON 444 PINE ISLAND ROAD NORTH FT. MYERS, FL 33903	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
7869 McDANIELS DRIVE	
City	Zip Code
N. FT. MYERS	FL 33917

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LA DON	NAME	
STREET ADDRESS	444 PINE ISLAND ROAD	STREET ADDRESS	7869 McDANIELS DRIVE
CITY-ST-ZIP	NORTH FT. MYERS, FL 33903	CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CHARLOTTE NINA	NAME	
STREET ADDRESS	444 PINE ISLAND ROAD	STREET ADDRESS	7869 McDANIELS DRIVE
CITY-ST-ZIP	NORTH FT. MYERS, FL 33903	CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, DONNA S	NAME	
STREET ADDRESS	255 HUBBARD AVE	STREET ADDRESS	7588 HART RAOD
CITY-ST-ZIP	FORT MYERS, FL 33917	CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *LaDon Thomas* **3/31/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

329-996-3627