## -2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 06, 2005 8:00 am

| DOOLII   |  |   |   |   | 7611612  | Irv m   |   | 116                                 |
|--|--|---|---|---|--|---|---|-------------------------------------|
| DOCUMENT # J61293  1. Entity Name C & D PLASTERING AND STUCCO, INC.  |  |   |   |   | Secretary of State<br>04-06-2005 90098 035 ***150.00 |   |   |                                     |
| Principal Place of Business Mailing Address  |  |   |   |   | ACHATUEC   |   |   |                                     |
| 444 PINE ISL   | AND ROAD   | 444 PINE ISLAND ROAD                      |   |   | 40047866   |   |   |                                     |
|  | IYERS, FL 33903  | NORTH FT. MYERS, FL 33                    | 903   |   |  |   |   |                                     |
|  | •  | ·   |   | 1 100310 03                             |  | 1 P1P41 P1P11 B1B71 B                           |   |                                     |
|  |  |   |   |   |  |   |   |                                     |
| 2. Principal P   | lace of Business   | 3. Mailing Address                        |   |   | 8  | <b>     </b>                                    | 118 E/198 E/198   |                                     |
| College And House  |  | PM BOX 205 Suite, Apt. #, etc.            |   |   |  |   |   |                                     |
| Suite, Apt. #, etc.  |  | 15201 N. CLEVEALND AVI                    |   | AVE 03202005                            | Chg-P  | CR2E034   | (10/03)   |                                     |
| City & State   | e  | City & State                              |   | 4. FEI Numb                             | er   |   | I An  | plied For                           |
| ,  |  | N. FT. MYERS                              | S, SL   | 59-282                                  |  |   |   | t Applicable                        |
| Zip  | Country  | Zip (                                     | Country   | 5.00                                    | -CR  | \$8   | 3.75 Add  |                                     |
|  |  | 33903                                     | USA   | 5. Certificate                          | of Status Desired                                    |   | e Required  |                                     |
|  | -6. Name and Address of Current F  | Registered Agent -                        |   | 7. Name and                             | Address of New F                                     | legistered Age                                  | ent   |                                     |
| TUOMA  | 1.4504   |   | Name  |   |  |   |   |                                     |
| THOMAS,  | LADON<br>ISLAND ROAD   |   | Street Ad   | Idress (P.O. Box Numb                   | er is Not Acceptable                                 | e)  |   |                                     |
|  | r. Myers, FL 33903   |   |   |   |  |   |   |                                     |
|  |  |   | 7869  | McDANIEL                                | S DRIVE  |   |   |                                     |
|  |  |   | Sity I  | T. MYERS                                | •  | FL  | Zip Cade  | 7 7                                 |
| 9 The above  | named entity submits this statement for  | the oursess of changing its rea           |   |   | sh in she Pter of FI                                 |   |   | <u> </u>                            |
|  | ions of registered agent.  | the purpose of changing its reg           | jistered office or  | registered agent, or bo                 | nn, in the State of Fi                               | orida. I am ian                                 | nillar with,  | and accept                          |
|  |  |   |   |   |  |   |   |                                     |
| SIGNATURE.   | Signature, typed or printed name of registered agent a   | nd title if applicable (NOTE: Rec         | custered Anent signetus   | re required when reinstating)           |  | DATE  | <del></del>   | ·                                   |
|  |  |   |   |   | <u> </u>   |   | <del></del>   |                                     |
| FII  | E NOW!!! FEE IS \$150.00   | 9. Election Campaign                      | Financing   | \$5.00 May Be                           |  |   |   |                                     |
|  | ay 1, 2005 Fee will be \$550.0   | Trust Fund Contribu                       |   |   |  |   |   |                                     |
| 10.  |  | O Trust Fund Contribu                     | ition.  | Added to Fees                           |  |   |   |                                     |
| 10.  | OFFICERS AND I   |   |   |   | CHANGES TO OFF                                       | ICEBS AND D                                     | IDECTORS  | 1ht 44                              |
| TITLE  | OFFICERS AND I   | DIRECTORS                                 | 11.   |   | /CHANGES TO OFF                                      |   |   |                                     |
| TITLE<br>NAME  | PD   |   | 11.   |   | /CHANGES TO OFF                                      |   | IRECTORS  Change  | S IN 11                             |
| TITLE<br>NAME<br>STREET ADDRESS  |  | DIRECTORS                                 | 11.   | ADDITIONS                               |  | [   |   |                                     |
| NAME   | PD<br>THOMAS, LA DON   | DIRECTORS                                 | 11. TITLE NAME  | ADDITIONS 7869 McDA                     | NIELS DR   | IVE   |   |                                     |
| NAME<br>STREET ADDRESS   | PD<br>THOMAS, LA DON<br>444 PINE ISLAND ROAD   | DIRECTORS Delete                          | 11. TITLE NAME STREET ADDRESS   | ADDITIONS                               | NIELS DR   | IVE<br>33917                                    | X Change  | ☐ Addition                          |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>THOMAS, LA DON<br>444 PINE ISLAND ROAD<br>NORTH FT. MYERS, FL 33903  | DIRECTORS                                 | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ADDITIONS 7869 McDA                     | NIELS DR   | IVE<br>33917                                    |   |                                     |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>THOMAS, LA DON<br>444 PINE ISLAND ROAD<br>NORTH FT. MYERS, FL 33903<br>VPD   | DIRECTORS Delete                          | 11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | ADDITIONS 7869 McDA                     | NIELS DR<br>ERS, FL                                  | IVE<br>33917                                    | X Change  | ☐ Addition                          |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME   | PD THOMAS, LA DON 444 PINE ISLAND ROAD NORTH FT. MYERS, FL 33903 VPD THOMAS, CHARLOTTE NINA  | DIRECTORS Delete                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | 7869 McDA                               | NIELS DR<br>ERS, FL<br>NIELS DR                      | IVE<br>33917                                    | X Change  | ☐ Addition                          |
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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.

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SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR