

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90329 008 ***150.00

DOCUMENT # J67294

1. Entity Name

BABB'S PLASTERING, INC.



Principal Place of Business

3795 WATERMELLON LANE
SAMSULA FL 32168
US

Mailing Address

3795 WATERMELLON LNE
SAMSULA FL 32168
US

2. Principal Place of Business

4480 STATE RD 44

Suite, Apt. #, etc.

3. Mailing Address

4480 STATE RD 44

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

NEW SMYRNA BEACH

City & State

NEW SMYRNA BEACH

4. FEI Number

59-2799463

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTHUR J LUXTON
3795 WATERMELON LANE
SAMSULA FL 32168

Name

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

4480 STATE ROAD 44

City

NEW SMYRNA BEACH

FL

Zip Code

32168

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

4/23/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME LUXTON, JAMIE C.
STREET ADDRESS 3795 WATERMELON LANE
CITY-ST-ZIP SAMSULA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4480 STATE RD 44
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE PD ☐ Delete
NAME LUXTON, ARTHUR J
STREET ADDRESS 3795 WATERMELON LANE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4480 STATE RD 44
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04 8527360