

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J67294

1. Entity Name
BABB'S PLASTERING, INC.



Principal Place of Business

4480 SR 44
SAMSULA, FL 32168 US

Mailing Address

4480 SR 44
SAMSULA, FL 32168 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

126 Crystal Oak Drive

Suite, Apt. #, etc.

City & State

City & State

DeLand, FL

Zip

Country

Zip

32720

Country

USA

08202004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2799463

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARTHUR J LUXTON
4480 SR 44
SAMSULA, FL 32168

7. Name and Address of New Registered Agent

Name

Cynthia Clements

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

126 Crystal Oak Drive

City

DeLand

FL

Zip Code

32720

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]

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

10/25/04

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S ☒ Delete
NAME LUXTON, JAMIE C.
STREET ADDRESS 4480 SR 44
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE PD ☒ Delete
NAME LUXTON, ARTHUR J
STREET ADDRESS 4480 SR 44
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☒ Change ☐ Addition
NAME James Troy Clements
STREET ADDRESS 10257 Winding Creek
CITY-ST-ZIP Orlando, FL 32825

TITLE ☒ Change ☐ Addition
NAME Cynthia Clements - PD
STREET ADDRESS 126 Crystal Oak Drive
CITY-ST-ZIP DeLand, FL 32720

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, without other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/04

(386) 852-7363

Date

Daytime Phone *

FILED

04 DEC -6 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

