

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # K74640	
1. Entity Name ALL FLORIDA STUCCO, INC.	

Principal Place of Business % ERNEST M. SCOTT, JR. 1900 S.W. 100TH AVE. PEMBROKE PINES, FL 33025-1828	Mailing Address % ERNEST M. SCOTT, JR. 1900 S.W. 100TH AVE. PEMBROKE PINES, FL 33025-1828
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0148022	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCOTT, JANE 1900 S.W. 100TH AVE. PEMBROKE PINES, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, SUSAN C 1900 SW 100TH AVE. PEMBROKE PINES, FL 330251828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, JANE 1900 SW 100TH AVENUE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/26/04-80120-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Susan C. Hall 4-23-04 954-432-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #