

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90018 021 \*\*\*\*50.00

DOCUMENT # L03000044746

1. Entity Name

KING PLASTERING & STUCCO LLC



Principal Place of Business

5119 CAESAR WAY SOUTH  
ST. PETERSBURG FL 33712  
US

Mailing Address

5119 CAESAR WAY SOUTH  
ST. PETERSBURG FL 33712  
US

2. Principal Place of Business

3. Mailing Address

5119 - Caesar Way So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg Fl.

City & State

St. Petersburg Fl.

Zip

Country

33712 US

Zip

Country

33712 US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, SYLVESTER  
5119 CAESAR WAY SOUTH  
ST. PETERSBURG FL 33712

Name

Sylvester King

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

5119 - Caes Way So.

City

St. Petersburg

FL

Zip Code

33712

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME KING, SYLVESTER  
STREET ADDRESS 5119 CAESAR WAY SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-06

727-866-6455