

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90015 044 ***150.00

DOCUMENT # L10747

1. Entity Name

SOUTHERN QUALITY PLASTERING, INC.



Principal Place of Business

% GUY D. GYORKOS
13551 OVAL DRIVE
LARGO FL 33774
US

Mailing Address

% GUY D. GYORKOS
13551 OVAL DRIVE
LARGO FL 33774
US



2. Principal Place of Business - No P.O. Box #

11688 Oak Ln.

3. Mailing Address

11688 Oak Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Largo FL

Largo FL

City & State

City & State

Largo FL

Largo FL

Zip

Zip

33778

33778

Country

Country

USA

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-2963228

Applied For

Not Applicable

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

GYORKOS, GUY D.
13551 OVAL DRIVE
LARGO FL 33774

Name

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

City

FL

Zip Code

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 of person or persons changing registered agent and this, if applicable.

(NOTE: Registered Agent's signature required when reinstating)

2-14-08

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 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	D	<input type="checkbox"/> Delete
NAME	GYORKOS, GUY D.	
STREET ADDRESS	13551 OVAL DRIVE	
CITY- ST- ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. 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 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

2-14-08

Date

727 394 024

Office Phone #