2006 NOT-FOR-PROFIT CORPORATION , - ANNUAL REPORT

FILED Sep 06, 2006 8:00 am Secretary of State

Process Place of Business Pot 14TH ST E PALMETTO, R. 34221 2. Principal Place of Business Sulfo, Apt. 8, etc. Sulfo, Apt. 9, etc. Sulfo, Apt. 8,	DOCUMENT # N9600005362 1. Entity Name R.B. STUCCO SERVICES, INC.					09-06-2006 90035 024 ****61.25				
Safe, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Cry & State Cry & State Cry & State Cry & State A. FEI Number 65-0710954 A. Replicat For School Nav Applicable Sea 77.0954 Sea 77.0954 Nav Applicable Sea 77.0954 Sea 77.0954 Nav Applicable Sea 77.0954 S	704_14TH_ST_E 704_14TH_ST_E						Ciin Bhir Chii Eliy	. 2011 62161 živas illis		
City & State City & State City & State City & State Country C	2. Principal P	lace of Business	3. Mailing Address							
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.			08012006 _{Cl}	hg-NP	CR2E037 (4/	06)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations of registered agent, or both, in the State of Florida. I am familier with, and accept tree obligations	City & Stat	e					64			
BING, ROBERT SR. 704 14TH ST E PALMETTO, FL 34221 City FL Zip Code	Zip	Country Zip Co		Cou	intry					
Street Address (P.O. Box Number is Not Acceptable) City			Name	7. Name and Address of New Registered Agent						
S. 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 point or price frame of registered agent. Filling Foe is \$61.25 Due by September 6, 2006 Trust Fund Contribution. TITLE DPT TITLE DPT BING, ROBERT SR BING, ROBERT SR SIRECT ADDRESS GITY-ST-2P PALMETTO, FL 34221 TITLE SIRECT ADDRESS CITY-ST-2P PALMETTO, FL 34221 TITLE AD DIVIDITIONS Delate TITLE SIRECT ADDRESS CITY-ST-2P FELTON, JOHN MAKE SIRECT ADDRESS CITY-ST-2P PALMETTO, FL 34221 TITLE SIRECT ADDRESS CITY-ST-2P PALMETTO, FL 34221 TITLE AD Delate TITLE SIRECT ADDRESS CITY-ST-2P PALMETTO, FL 34221 TITLE AD Delate TITLE AD Delate TITLE AD Delate TITLE AD DELATE TOTA 14TH ST E SIRECT ADDRESS CITY-ST-2P PALMETTO, FL 34221 TITLE AD DELATE TOTA 14TH ST E SIRECT ADDRESS CITY-ST-2P TOTA 14	704 14TH ST E				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of rejistered agent. Signature					City FI Zip Code					
TILE DPT BING, ROBERT SR DALAMETTO, FL 34221	the obligations of registered agent. SIGNATURE Label									
TITLE NAME BING, ROBERT SR TOA 14TH ST E CITY-ST-2P PALMETTO, FL 34221 TITLE NAME FELTAODRESS CITY-ST-2P PALMETTO, FL 34221 TITLE NAME SIRRET ADDRESS CITY-ST-2P PALMETTO, FL 34221 TITLE S CITY-ST-2P PALMETTO, FL 34221 TITLE NAME FELTON, JOHN STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P PALMETTO, FL 34221 TITLE NAME FELTON, JOHN STREET ADDRESS CITY-ST-2P STREET ADDRESS	- Due by September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State								of State	
NAME SIRET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME JENKINS, EDWARD L TO 4 14TH ST E PALMETTO, FL 34221 TITLE NAME JENKINS, EDWARD L TO 4 14TH ST E PALMETTO, FL 34221 TITLE NAME JENKINS, EDWARD L TO 4 14TH ST E PALMETTO, FL 34221 TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME TO 4 14TH ST E PALMETTO, FL 34221 TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 TITLE NAME TARVER, BRYANT TARVER, BRYANT TO 4 14TH ST E PALMETTO, FL 34221 Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TARVER, BRYANT TO 4 14TH ST E PALMETTO, FL 34221 CITY-ST-ZIP NAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TO 4 14TH ST E PALMETTO, FL 34221 CITY-ST-ZIP NAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS	DPT : BING, ROBERT SR 704 14TH ST E		TITLE NAM STRE	E Et address	ADDITIONS/CHANG	es to officer			
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NAME STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 TITLE NAME REAVE, RICHARD STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 TITLE AD TARVER, BRYANT STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 TITLE AD TARVER, BRYANT STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 TITLE AD TARVER, BRYANT STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 TITLE TARVER, BRYANT STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	FELTON, JOHN 704 14TH ST E	☐ Delete	NAMI STRE	E Et address			☐ Cha	inge 🗌 Addition	
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L 17. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chanter 110. Florida Statutas. I further codify that the information — 1	NAME STREET ADDRESS CITY-ST-ZIP*	TARVER, BRYANT 704 14TH ST E PALMETTO, FL 34221	-	NAMI STRE CITY	E Et address - St- Zip					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, or on an attachment with an address, with all other like empowered.

SIGNATURE

BIGIATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/06

941-704-2041