# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Mar 22, 2007**
**Secretary of State**

DOCUMENT# P00000023684

**Entity Name:** B & B STUCCO, INC.

**Current Principal Place of Business:**

12244 TREELINE AVENUE
SUITE #10
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

12244 TREELINE AVENUE
SUITE # 10
FORT MYERS, FL 33913

**New Mailing Address:**

**FEI Number: 65-0989919** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWE, CAROLYN S
12244 TREELINE AVENUE
SUITE #10
FORT MYERS, FL 33913 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete
Name: BOWE, DAVID L SR.
Address: 16088 EAST SYCAMORE DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VTD ( ) Delete
Name: BOWE, CAROLYN S
Address: 16088 EAST SYCAMORE DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: BOWE, CAROLYN S
Address: 16088 EAST SYCAMORE DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP (X) Change ( ) Addition
Name: BOWE, DAVID L SR
Address: 16088 EAST SYCAMORE DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN S. BOWE P 03/22/2007

Electronic Signature of Signing Officer or Director — Date