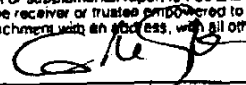


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90029 024 ***150.00

DOCUMENT # P00000074625					
1. Entity Name G & S STUCCO, CORP.					
Principal Place of Business 12950 DEEP RIVER WAY JACKSONVILLE, FL 32224			Mailing Address 12950 DEEP RIVER WAY JACKSONVILLE, FL 32224		
2. Principal Place of Business 6127 CHERRY LAKE DR N Suite, Apt. #, etc.			3. Mailing Address 6127 CHERRY LAKE DR N Suite, Apt. #, etc.		
City & State JACKSONVILLE, FL			City & State JACKSONVILLE, FL		
Zip 32258	Country USA	Zip 32258	Country USA	4. FEI Number 59-3684066	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STATE, GHEORGHE 12950 DEEP RIVER WAY JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and any applicable. (NOTE: Registered Agent signature required when renewing.)					
FILE NOW! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		5.00 May Be Added to Fees	
In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. STATE, GHEORGHE 12950 DEEP RIVER WAY JACKSONVILLE, FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STATE, SEVENY M 12950 DEEP RIVER WAY JACKSONVILLE, FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			8/1/05 (904) 591 4240		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		