

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000074625

Entity Name: G & S STUCCO, CORP.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

3617 CROWN POINT ROAD  
SUITE # 2  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

2482 ANNISTON RD  
JACKSONVILLE, FL 32246

## Current Mailing Address:

P O BOX 57487  
JACKSONVILLE, FL 32241

## New Mailing Address:

2482 ANNISTON RD  
JACKSONVILLE, FL 32246

FEI Number: 59-3664066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERNANDEZ, MEREDITH A  
3617 CROWN POINT ROAD  
SUITE # 2  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

STATE, SEVENY  
2482 ANNISTON RD  
JACKSONVILLE, FL 32246 US

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: SEVENY STATE

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STATE, GHEORGHE  
Address: P O BOX 57487  
City-St-Zip: JACKSONVILLE, FL 32241

Title: S ( ) Delete  
Name: STATE, SEVENY M  
Address: P O BOX 57487  
City-St-Zip: JACKSONVILLE, FL 32241

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STATE, GHEORGHE  
Address: 2482 ANNISTON RD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S (X) Change ( ) Addition  
Name: STATE, SEVENY M  
Address: 2482 ANNISTON RD  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify 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: SEVENY STATE

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date