


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90009 041 ***150.00

DOCUMENT # P01000060205

1. Entity Name
SUCIU STUCCO CO.



Principal Place of Business Mailing Address
6028 CHESTER AVE #108 **6028 CHESTER AVE #108**
JACKSONVILLE, FL 32217 **JACKSONVILLE, FL 32217**

14022840

2. Principal Place of Business 3. Mailing Address
10920 BAYMEADOWS RD. **10920 BAYMEADOWS RD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE # 27-170 **SUITE # 27-170**

City & State City & State
JACKSONVILLE, FLORIDA **JACKSONVILLE, FLORIDA**

Zip Country Zip Country
32256 **U.S.A** **32256** **U.S.A**



05072004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3726718 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUCIU, PETER
6028 CHESTER AVE #108
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name: **PETER SUCIU**
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: *Peter Suci* DATE: **5/20/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice...

10. OFFICERS AND DIRECTORS

TITLE	PSTD <input checked="" type="checkbox"/> Delete
NAME	SUCIU, PETER
STREET ADDRESS	6028 CHESTER AVE #108
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCIU, PETER
STREET ADDRESS	10920 BAYMEADOWS RD. #27-170
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32256
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Peter Suci* DATE: **5/20/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #