

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90377 048 ***150.00

DOCUMENT # P02000009306

1. Entity Name

S & V PLASTERING, INC.



Principal Place of Business

31084 BAY SHORE DR
BIG PINE KEY FL 33043

Mailing Address

31084 BAY SHORE DR
BIG PINE KEY FL 33043



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

75-2988077

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILBOURN, STEVE
31084 BAY SHORE DR
BIG PINE KEY FL 33043

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILBOURN, STEVE	
STREET ADDRESS	31084 BAY SHORE DR	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LESLIE GEBOW	
STREET ADDRESS	1444 VATES STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	Sec/TREAS	<input checked="" type="checkbox"/> Delete
NAME	EDWARD WENZEL	
STREET ADDRESS	280 W. INDIES DRIVE	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN LEE BUCK	
STREET ADDRESS	31245 AVE. D	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	Sec/TREAS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN DEAN BUCK	
STREET ADDRESS	31245 AVE D	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
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:

Michael S. Wilbourn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL STEVE WILBOURN 4/13/05

Date

Daytime Phone #

305-872-4305