



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90021 043 ***150.00

DOCUMENT # P02000019974 1. Entity Name BLANKS QUALITY PLASTERING & STUCCO, INC.					
Principal Place of Business 1426 PALMETTO AVE FT MYERS, FL 33916			Mailing Address 1426 PALMETTO AVE FT MYERS, FL 33916		
2. Principal Place of Business 3901 Dr. Martin Luther King Blvd.		3. Mailing Address 1426 Veronica S. Shoemaker Blvd.			
Suite, Apt. #, etc. Blvd.		Suite, Apt. #, etc. Maker Blvd.		07192006 Chg-P CR2E034 (11/05)	
City & State Fort Myers FL		City & State Fort Myers, FL		4. FEI Number 48-1296598	
Zip 33916		Country 33916		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANKS, ROBERT 1426 PALMETTO AVE FT MYERS, FL 33916				7. Name and Address of New Registered Agent Name Robert L. Blanks Street Address (P.O. Box Number is Not Acceptable) 1426 Veronica S. Shoemaker Blvd. City Fort Myers, FL Zip Code 33916	
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 Robert L. Blanks DATE 07-21-06 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANKS, ROBERT 1426 PALMETTO AVE FT MYERS, FL 33916		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert L. Blanks <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 07-21-06 <small>Date</small> <small>Daytime Phone #</small>		