

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000034176

1. Entity Name
OLD TIME PLASTERING, INC.



Principal Place of Business
2434 PENBROOK DR
FERNANDINA BCH, FL 32034

Mailing Address
2434 PENBROOK DR
FERNANDINA BCH, FL 32034

FILED

07 SEP 18 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07232007 No Chg-P CR2E034 (11/05)

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4. FEI Number
73-1635099

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARNELL, CASSIN
2434 PENBROOK DR
FERNANDINA BCH, FL 32034

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 14, 2007**

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	PVV
NAME	PARNELL, CASSIN
STREET ADDRESS	2434 PENBROOK DR
CITY-ST-ZIP	FERNANDINA BCH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/18/07--01015--024 **150.00

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IN THIS SPACE**

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: Cassin Parnell CASSIN PARNELL 904-343-8405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/14/2007

Daytime Phone #