


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90002 026 ***150.00

DOCUMENT # P02000058147	
1. Entity Name UNIQUE STUCCO OF ORLANDO INC.	

Principal Place of Business 3000 N. PINE HILLS RD. APT # 1-8 ORLANDO, FL 32808	Mailing Address 3000 N. PINE HILLS RD. APT # 1-8 ORLANDO, FL 32808
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

40101725

2. Principal Place of Business 4640 SETTLEMENT CIR	3. Mailing Address 4640 SETTLEMENT CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08022006 Chg-P CR2E034 (11/05)

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32818	Country ORANGE
Zip 32818	Country ORANGE

4. FEI Number 30-0180932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAZAUBON, DESMOND 3000 N. PINE HILLS RD. APT # 1-8 ORLANDO, FL 32808	
--------------------------------------------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 6, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAZAUBON, DESMOND	NAME	4640 SETTLEMENT CIR
STREET ADDRESS	3000 N. PINE HILLS RD. APT# 1-8	STREET ADDRESS	ORLANDO, FL 32818
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXIMIN, EARL	NAME	4640 SETTLEMENT CIR
STREET ADDRESS	3000 N. PINE HILLS RD. APT # 1-8	STREET ADDRESS	ORLANDO, FL 32818
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELCOCK, JOHN	NAME	4640 SETTLEMENT CIR
STREET ADDRESS	5216 VIA-MAIOR, APT #119	STREET ADDRESS	ORLANDO, FL 32818
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

Desmond Cazubon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/12/06

Date

407-468-3804

Daytime Phone #