2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Nonce Kill Balow GEORGE KEITH BARLOW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 21, 2005 08:00 AM Secretary of State

ANNUAL REPORT				- Sacratary of State
DOCUMENT # P02000058596 1. Entity Name BARLOW PLASTERING & STUCCO, INC.				Secretary of State
Dispisal Dis	of Discharge	14 Day Andreas		-
1	ce of Business	Mailing Address		
1707 UNITA	FL 33803	1707 UNITAH AVENUE TAKELADN, FL 33803		1
CANCELLOIS,	12 33003 1	- EMILENDIA, I C 33003		
				
DO NOT WRITE IN THIS SPAC				03172005 No Chg-P CR2E034 (10/03)
			CE	4. FEI Number Applied For
				42-1538280 Not Applicable
				5. Certificate of Status Desired S8.75 Additional Fee Regulred
6. Name and Address of Current Registered Agent				1 corroganos
BARLOW, GEORGE KEITH				
1707 UNITAH AVENUE				DO NOT WRITE
LAKELAD	N, FL 33803	•		IN THIS SPACE
<u> </u>				IN THIS STACE
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 renstating) DATE				
				.00 May Be 03/21/05-80049-025 150.00 led to Fees
10.	- OFFICERS AND D	PIRECTORS	T	
TITLE	D			
NAME	BARLOW, GEORGE KEITH	:	!	
STREET ADDRESS	1707 UNITAH AVENUE		f	
CITY-ST-ZIP	LAKELADN, FL 33803		1	
TITLE			1	
NAME PERCE ANDRESCO				
STREET ADDRESS CITY ST-ZIP			I	
TITLE			-	•
NAME			1	
STREET ADDRESS			1	DO NOT WOITE
CITY-ST-ZIP			Į.	DO NOT WRITE
TITLE			1	IN THIS SPACE
NAME]	IN THIS STAGE
STREET ADDRESS			1	
CITY-ST-ZIP			Į	
TITLE			1	
NAME Street address				
CITY-ST-ZIP				
TITLE			1	
NAME			1	
STREET ADDRESS				
CITY-ST-ZIP				
12. I hereby	certify that the information supplied with t	his filing does not qualify for the exe	imption stated in Se	ection 119.07(3)(i), Florida Statutes, I further certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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.				