

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90020 037 ***158.75

DOCUMENT # P02000061441

1. Entity Name

JAGUAR STUCCO, INC.



Principal Place of Business

2555 DOBBS RD., #14
SAINT AUGUSTINE FL 32086

Mailing Address

2739 ELSIE ROAD
ST. AUGUSTINE FL 32086

2. Principal Place of Business

2545 Dobbs Rd. #2

3. Mailing Address

Suite, Apt. #, etc.

St. Augustine, FL. 32086

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

47-0869684

Applied For

Not Applicable

Zip

32086

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ROATH, DENNIS D
2739 ELSIE ROAD
ST. AUGUSTINE FL 32086

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, 2004 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 ☐ Delete

NAME
D
ROATH, DENNIS D
STREET ADDRESS
2739 ELSIE ROAD
CITY-ST-ZIP
ST. AUGUSTINE FL 32086

TITLE ☐ Delete

NAME
V
ROATH, DARCEL C
STREET ADDRESS
2739 ELSIE RD
CITY-ST-ZIP
SAINT AUGUSTINE FL 32086

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ 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:

Dennis D Roath

Dennis D Roath

3-22-04 (904) 797-4355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #