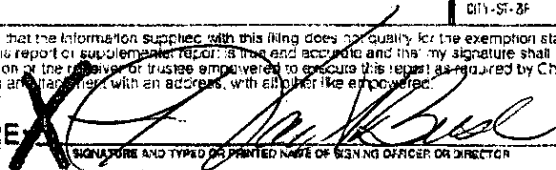


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90270 038 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000089414			
1. Entity Name BUSH STUCCO & STONE, INC.			
Principal Place of Business 110 RUMFORD RD. MOLINO, FL 32577		Mailing Address 110 RUMFORD RD. MOLINO, FL 32577	
2. Principal Place of Business 110 Rumford Road		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Molino, FL 325		City & State	
Zip 32577	Country USA	Zip	Country
4. FEI Number 41-2058865		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSH, HARRY A 110 RUMFORD RD. MOLINO, FL 32577		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 state if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUSH, HARRY A	NAME	
STREET ADDRESS	110 RUMFORD RD.	STREET ADDRESS	
CITY-STATE-ZIP	MOLINO, FL 32577	CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUSH, RUTH M	NAME	
STREET ADDRESS	110 RUMFORD RD.	STREET ADDRESS	
CITY-STATE-ZIP	MOLINO, FL 32577	CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUSH, STEVEN S	NAME	
STREET ADDRESS	5981 TARA CIRCLE	STREET ADDRESS	
CITY-STATE-ZIP	MILTON, FL 32583	CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 627, 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 		April 21, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

94076513



C4212004 Chg-P CR2E034 (10/03)