

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106615

FILED
Jan 24, 2004
Secretary of State

Entity Name: TRIPLE J. STUCCO & LATH INC.

Current Principal Place of Business:

11011 PICKERING LANE
PORT RICHEY, FL 34668

New Principal Place of Business:

15226 ALBA DR.
BROOKSVILLE, FL 34604

Current Mailing Address:

11011 PICKERING LANE
PORT RICHEY, FL 34668

New Mailing Address:

15226 ALBA DR.
BROOKSVILLE, FL 34604

FEI Number: 32-0036148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCACCI, GIOVANNI A
11011 PICKERING LANE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

MARCACCI, GIOVANNI A
15226 ALBA DR.
BROOKSVILLE, FL 34604 US

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.

SIGNATURE:

01/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARCACCI, GIOVANNI A
Address: 11011 PICKERING LANE
City-St-Zip: PORT RICHEY, FL 34668 US

Title: SEC () Delete
Name: MARCACCI, JULIE A
Address: 11011 PICKERING LANE
City-St-Zip: PORT RICHEY, FL 34668 US

Title: TRE () Delete
Name: MARCACCI, GIOVANNI A
Address: 11011 PICKERING LANE
City-St-Zip: PORT RICHEY, FL 34668 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARCACCI, GIOVANNI A
Address: 15226 ALBA DR.
City-St-Zip: BROOKSVILLE, FL 34668 US

Title: SEC (X) Change () Addition
Name: MARCACCI, JULIE A
Address: 15226 ALBA DR.
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: TRE (X) Change () Addition
Name: MARCACCI, GIOVANNI A
Address: 15226 ALBA DR.
City-St-Zip: BROOKSVILLE, FL 34604 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIOVANNI A. MARCACCI

P

01/24/2004

Electronic Signature of Signing Officer or Director

Date