


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90398 034 \*\*\*150.00

**DOCUMENT # P02000127838**  
 1. Entity Name  
**JEFF BEGLEY PLASTERING & STUCCO, INC.**



Principal Place of Business Mailing Address  
 140 SW HAWTHORNE CIR P.O. BOX 9513  
 PORT ST LUCIE FL 34953 PORT ST LUCIE FL 34985

**94078017**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address  
**9048 N. MENDOZA WAY 9048 N. MENDOZA WAY**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**CITRUS Springs CITRUS Springs**  
 City & State City & State  
**FLORIDA FLORIDA**

4. FEI Number **06-1662115** Applied For  
 Not Applicable

Zip Country Zip Country  
**34434-5071 Citrus 34434-5071 Citrus**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BEGLEY, JEFFREY**  
**140 SW HAWTHORNE CIR**  
**PORT ST LUCIE FL 34953**

7. Name and Address of New Registered Agent  
 Name **JEFFREY Begley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9048 N. MENDOZA WAY**  
 City **CITRUS Springs** FL Zip Code **34434-5071**

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 **JEFFREY Begley** (NOTE: Registered Agent signature is required when reinstating) **Jeffrey Begley** DATE **4/19/04**

**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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>BEGLEY, JEFFREY</b><br><b>140 SW HAWTHORNE CIR</b><br><b>PORT ST LUCIE FL 34953</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SECRETARY</b><br><b>CHRISTOPHER Begley</b><br><b>- SAME AS ABOVE -</b>                          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                    | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                    |                                                                     |                                                                              |
|----------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SECRETARY</b><br><b>BRUCE Begley</b><br><b>- SAME AS ABOVE -</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: **Jeffrey Begley** **JEFFREY Begley** **4/19/03** **(352) 464-1446**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #