2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

Degley

May 05, 2005 8:00 am Secretary of State DOCUMENT # P02000127838 1. Entity Name 05-05-2005 90109 001 ***150.00 JEFF BEGLEY PLASTERING & STUCCO, INC. Principal Place of Business Mailing Address 9048 N. MENDOZA WAY CITRUS SPRINGS CITRUS FL 34434-5071 9048 N. MENDOZA WAY CITRUS SPRINGS CITRUS FL 34434-5071 **50043400** 2. Principal Place of Business 9048 N. Mendoza Way Majling Address 9048 N. Mendoza Way Suite, Apt. #, etc. CR2E034 (10/04) City & State 4. FEI Number Applied For 06-1662115 Springs Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEGLEY, JEFFREY 9048 N. MENDOZA WAY CITRUS FL 34434-5071 9048 N. Mendoza Way 8. The above named entity submits this statement for the purpose of changing its registered office or registered ager/, 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Bogley, Priscilla s President DITLE Delete TITLE M Change Addition BEGLEY, JEFFREY NAME NAME 9048 N. Mendoza Way 9048 N. MENDOZA WAY STREET ADDRESS STREET ADDRESS Citrus Springs, Fl. 34434 CITY-ST-ZIP CITRUS FL 34434 CITY-ST-ZIP Secretary **X** Addition TITLE Delete TITLE St. Change Bagley, Bruce C. Way NAME BEGLEY, CHRISTOPHER NAME STREET ADDRESS 9048 N. MENDOZA WAY STREET ADDRESS Citrus Springs, Fl. 34434 CITY-ST-ZIP CITRUS FL 34434 CITY-ST-ZIP Delete RILE Change ■ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

FILED