

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90207 006 ***158.75

DOCUMENT # P02000131784

1. Entity Name

GARY STUCCO, INC.



Principal Place of Business

384 S 19TH ST.
DEFUNIAK SPRINGS FL 32435

Mailing Address

384 S 19TH ST.
DEFUNIAK SPRINGS FL 32435



2. Principal Place of Business

3898 Co. Hwy. 280A

3. Mailing Address

3898 Co. Hwy. 280A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

DeFuniak Springs, FL

City & State

DeFuniak Springs, FL

4. FEI Number

06-1665305

Applied For

Not Applicable

Zip

32435

Country

USA

Zip

32435

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COONE, GARY
384 S 19TH ST.
DEFUNIAK SPRINGS FL 32435

7. Name and Address of New Registered Agent

Name Gary Coone II

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

3898 County Highway 280A

City

DeFuniak Springs, FL

Zip Code

32435

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

4/26/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 D ☐ Delete
NAME COONE, GARY
STREET ADDRESS 384 S 19TH ST.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435

TITLE D ☐ Delete
NAME DICKEY, CEATON
STREET ADDRESS 1801 BOB SYKES RD
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435

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 Gary Coone II
STREET ADDRESS 3898 County Highway 280A
CITY-ST-ZIP DeFuniak Springs, FL 32435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 119, 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 trustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 (850) 902-5715