

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P02000134308

1. Entity Name
 NORTH SHORE STUCCO, INC.



Principal Place of Business
 P O BOX 5276
 NICEVILLE, FL 32578

Mailing Address
 P O BOX 5276
 NICEVILLE, FL 32578



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0817780	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAFLIN, ALAN
 P O BOX 5276
 NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000744662
 05/15/07-80154-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAFLIN, ALAN P O BOX 5276 NICEVILLE, FL 32578
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 address, with all other like empowered.

SIGNATURE: Alan Laffin Alan Laffin 4/30/07 850-897-1419
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #