2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90020 027 ***150.00

DOCUMENT # P03000001720

1. Entity Name
JOSHUA STUCCO, INC.

Principal Place of Business
3152 BOB SIKES ROAD
DEFUNIAK SPRINGS, FL 32433

Mailing Address
3152 BOB SIKES ROAD
DEFUNIAK SPRINGS, FL 32433

02172007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 16-1647210 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, JOSHUA L
3152 BOB SIKES ROAD
DEFUNIAK SPRINGS, FL 32433

7. Name and Address of New Registered Agent

Name

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

City | FL | Zip Code

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: Johnny Simmons registered agent 5/27/07
Signature of typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SIMMONS, JOSHUA L	NAME	
STREET ADDRESS	3152 BOB SIKES ROAD	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	CITY-ST-ZIP	
TITLE	S ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	STOFILA, JEFFREY	NAME	
STREET ADDRESS	41 E TOLEDO AVE	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	CITY-ST-ZIP	
TITLE	T ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	CATRELL, JOHNNY	NAME	
STREET ADDRESS	41 E TOLEDO AVE	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: John Simmons President 5/27/07 (850) 568-9556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #