2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/1

FILED
May 05, 2004 8:00 am
Secretary of State

04-01-2004 90013 012 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P03000013895

1. Entity Name

HESTERS AND OWENS STUCCO, INC.

Principal Place of Business	Mailing Address
926 HILLGROVE LANE AUBURNDALE FL 33833	926 HILLGROVE LANE AUBURNDALE FL 33833

2. Principal Place of Business	3. Mailing Address
119 Patterson Drive	119 Patterson Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Auburndale, Fla.	City & State: Auburndale, Fla.
Zip: 33823 Country: USA	Zip: 33823 Country: USA

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

OWENS, CHRISTOPHER S
119 PATTERSON DRIVE
AUBURNDALE FL 33823

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 ______________________
Signature, 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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Christopher S. Owens 119 Patterson Drive Auburndale FL 33823 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"Steve" Hesters Vice President 926 Hillgrove Lane Auburndale, FL 33823 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] CHRistopher S. Owens 3-25-04 863-412-2075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #