


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90105 046 ***150.00

DOCUMENT # P03000015972 1. Entity Name TRU PLASTERING, INC.					
Principal Place of Business 25 PORT ROYAL DR PALM COAST, FL 32164			Mailing Address 25 PORT ROYAL DR PALM COAST, FL 32164		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 41-2077341	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UPHAM, DENISE 338-G PARQUE DRIVE ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Denise UPham Street Address (P.O. Box Number is Not Acceptable) 349 Palm Coast Pkwy SW Suite 4 City Palm Coast FL Zip Code 32137	
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 <i>Denise UPham</i> Denise UPham 3/13/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D UPHAM, MICHAEL D 25 PORT ROYAL DR PALM COAST, FL 32164		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 an address, with all other like empowered.					
SIGNATURE: <i>Michael D UPham</i> Michael D UPham 4/30/07 386-1839 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40101410



03132007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name **Denise UPham**
 Street Address (P.O. Box Number is Not Acceptable) **349 Palm Coast Pkwy SW**
 Suite **4**
 City **Palm Coast** **FL** Zip Code **32137**

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 *Denise UPham* **Denise UPham** **3/13/07**
(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, 2007 Fee will be \$550.00**

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UPHAM, MICHAEL D
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PALM COAST, FL 32164

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SIGNATURE: *Michael D UPham* **Michael D UPham** **4/30/07** **386-1839**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #