


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90116 025 ***150.00

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DOCUMENT # P03000041331			
1. Entity Name B V PLASTERING & STUCCO INC.			
Principal Place of Business 5250 N ORANGE BLOSSOM TRAIL BLDG 9 #202 ORLANDO, FL 32810		Mailing Address 5250 N ORANGE BLOSSOM TRAIL BLDG 9 #202 ORLANDO, FL 32810	
2. Principal Place of Business 2215 HENDERSON DR Suite, Apt. #, etc.		3. Mailing Address 2215 HENDERSON DR Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32806	Country ORANGE	Zip 32806	Country ORANGE
4. FEI Number 33-1053625		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLALOBOS, BALBINO 5250 N ORANGE BLOSSOM TRAIL BLDG 9 #202 ORLANDO, FL 32810		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PSD VILLALOBOS, BALBINO 5250 N ORANGE BLOSSOM TRAIL BLDG 9 #202 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Villalobos, Balbino 2215 Henderson Dr Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____		Date: 4/14/05 407- _____ Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			