


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90096 014 ***150.00

DOCUMENT # P03000056296 1. Entity Name CONSTRUCTION PLASTERING COMPANY, INC.	
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Principal Place of Business P.O. BOX 37336 PENSACOLA, FL 32526	Mailing Address P.O. BOX 37336 PENSACOLA, FL 32526
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DO NOT WRITE IN THIS SPACE

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01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1185829	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 PAISLEY, DANIEL H 3555 CHIEF MATE DRIVE PENSACOLA, FL 32506

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAISLEY, DANIEL H 3555 CHIEF MATE DRIVE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRABTREE, OLIN 1726 WRENWAY NICEVILLE, FL 32578
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **olin Crabtree** 1/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #