

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90124 050 \*\*\*155.00

**DOCUMENT # P03000060036**

1. Entity Name  
**HEARN AND SONS STUCCO INC.**



Principal Place of Business  
**HERNANDO COUNTY FLORIDA  
P.P. BOX 15486  
BROOKSVILLE FL 34604**

Mailing Address  
**P.P. BOX 15486  
BROOKSVILLE FL 34604**



2. Principal Place of Business  
**16180 Tampa St**

3. Mailing Address  
**PO Box 15486**

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State  
**Brooksville FL**

City & State  
**Brooksville FL**

Zip  
**34604**

Country  
**Hernando**

Zip  
**34604**

Country  
**Hernando**

4. FEI Number  
**05-0574250**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HEARN, ANDREW A  
16180 TAMPA ST.  
BROOKSVILLE FL 34604**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARN, ANDREW A P.O. BOX 15486 BROOKSVILLE FL 34604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEVES, JASON L P.O. BOX 15486 BROOKSVILLE FL 34604 <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 Section 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:** *Andrew A. Hearn* **Andrew A. Hearn** **2-17-06** **352-263-3050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #