

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000060144 1. Entity Name WILSON STUCCO, INC.				FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 SEP 30 AM 11:47	
Principal Place of Business 10809 MUD LAKE ROAD GLEN ST. MARY, FL 32040		Mailing Address 10809 MUD LAKE ROAD GLEN ST. MARY, FL 32040			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 1869 Suite, Apt. #, etc.			
City & State Zip Country		City & State Glen St Mary FL Zip Country 32040 U.S.A.		4. FEI Number 43-2017446	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent WILSON, KEVIN P 10809 MUD LAKE ROAD GLEN ST. MARY, FL 32040			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WILSON, KEVIN P 10809 MUD LAKE ROAD GLEN ST. MARY, FL 32040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900041610499 10/05/04--01077--003 **158.75	
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	
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: <u>Kevin Wilson</u> Kevin Wilson <u>10/1/04</u> <u>904-759-3927</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					