

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-15-2005 90071 007 ***150.00

DOCUMENT # P03000062378

1. Entity Name
EKBERG STUCCO, INC.



Principal Place of Business
**2774 DEPOT ST
SANFORD, FL 32773**

Mailing Address
**PO BOX 471355
LAKE MONROE, FL 32747**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05192005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0029477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EKBERG, DANIEL A
PO BOX 471355
LAKE MONROE, FL 32747**

Name

Street Address (P.O. Box Number is Not Acceptable)

2774 Depot St.

City

Sanford

FL

Zip Code

32773

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

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

(NOTE: Registered Agent signature required when reinstating)

5/18/05

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **EKBERG, DANIEL A**
STREET ADDRESS **8407 RIVER BRANCH PLACE**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **VP** ☐ Delete
NAME **EKBERG, JEANETTE M**
STREET ADDRESS **8407 RIVER BRANCH PLACE**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **MVP** ☐ Delete
NAME **HORNSBY, DAVID D**
STREET ADDRESS **4215 ROCKY RIDGE PLACE**
CITY-ST-ZIP **SANFORD, FL 32773**

TITLE **MVP** ☒ Delete
NAME **DIGMAN, GARRETT**
STREET ADDRESS **2511 RIVER TREE CIRCLE**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Daniel A. Ekberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/05

Date


407 948 1918

Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

4/15/2005-90071-007-\$150.00-\$150.00

DOCUMENT # P03000062378	
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Principal Place of Business 2774 DEPOT ST SANFORD, FL 32773	Mailing Address PO BOX 471355 LAKE MONROE, FL 32747
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DO NOT WRITE IN THIS SPACE

66018493

04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0029477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EKBERG, DANIEL A
PO BOX 471355
LAKE MONROE, FL 32747

DO NOT WRITE 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 reissuing) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EKBERG, DANIEL A 8407 RIVER BRANCH PLACE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EKBERG, JEANETTE M 8407 RIVER BRANCH PLACE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MVP HORNSBY, DAVID D 4215 ROCKY RIDGE PLACE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MVP DIGMAN, GARRETT 2511 RIVER TREE CIRCLE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGNATURE: Daniel A Ekberg 4/8/05 407 9481918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #