

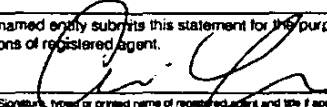
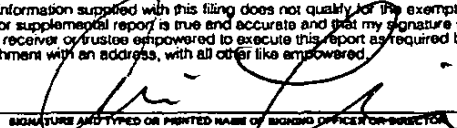


FILED
Jun 25, 2008 8:00 am
Secretary of State

06-02-2008 90009 017 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000083595		
1. Entity Name TITUS STUCCO, INC.		
Principal Place of Business 95 BAY GROVE ROAD FREEPORT, FL 32439		Mailing Address 95 BAY GROVE ROAD FREEPORT, FL 32439
DO NOT WRITE IN THIS SPACE		
		66014763 
		04292008 No Chg-P CR2ED34 (11/05)
4. FEI Number 20-0123156		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		
TITUS, TAD W 95 BAY GROVE ROAD FREEPORT, FL 32439		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:  DATE: 6/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR TITUS, TAD W 95 BAY GROVE ROAD FREEPORT, FL 32439	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TITUS, AIMEE 95 BAY GROVE RD. FREEPORT, FL 32439	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  6/24/08 850-885-4885 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Daytime Phone #		