

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-23-2005 90038 009 ***150.00

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|---|---|--|---|--------------------------------------|--|
| DOCUMENT # P03000094460 1. Entity Name DEES STUCCO REPAIR, INC. | | | | | |
| Principal Place of Business 9249 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310 | | | Mailing Address 9249 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310 | | |
| 2. Principal Place of Business 9322 TRAIN STATION ROAD Suite, Apt. #, etc. | | 3. Mailing Address 9322 TRAIN STATION ROAD Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 02072005 Chg-P CR2E034 (10/03) | |
| Zip 32309 | | Country | | 4. FEI Number 20-0185750 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent DEES, CHARLES F 9249 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9322 TRAIN STATION ROAD City 32309 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DEES, CHARLES F 9249 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310 | <input type="checkbox"/> Delete | | | |
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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 power like empowered. | | | | | |
| SIGNATURE: | | | 3/1/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |