2007 FOR PROFIT CORPORATION

ANNUAL REPORT

Mar 16, 2007 8:00 am Secretary of State 03-16-2007 90027 026 ***150.00 DOCUMENT # P03000094460 DEES STUCCO REPAIR, INC. Principal Place of Business Mailing Address 9322 TRAIN STATION ROAD 9322 TRAIN STATION ROAD TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262007 CR2E034 (12/06) City & State City & State Applied For 4 FELNumber 20-0185750 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEES, CHARLES F Street Address (P.O. Box Number is Not Acceptable) 9322 TRAIN STATION ROAD TALLAHASSEE, FL 32309 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete DEES, CHARLES F NAME NAME STREET ADDRESS 9322 TRAIN STATION RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32309 ST ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME WRIGHT, MICHELLE STREET ADDRESS STREET ADDRESS 9322 TRAIN STATION RD TALLAHASSEE, FL 32309 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C:TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THIF TITLE NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-7IP 12. I hereby certify that the information supplied with this filling 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

ME OF SIGNING OFFICER OR DIRECTOR

FILED

2/26/2007

WIA

Daytime Phone #

Attachment 20007201 # PU3000094460

2007 Uniform Business Report Release Form

I, Chayles t. Dees (Print Name)	, received
DEES STUCCO REPAIR, (Print Entity Name)	wc. 's 2007 Uniform Business Report
on $\frac{3/14/07}{(Month/Day/Year)}$.	·
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