

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101604

FILED
Jul 09, 2007
Secretary of State

Entity Name: LEE SNIPES PLASTERING AND STUCCO, INC.

Current Principal Place of Business:

2014 EDGEWATER DR
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

2014 EDGEWATER DR
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 06-1697645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNIPES, LEE
2014 EDGEWATER DR
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SNIPES, LEE
Address: 2014 EDGEWATER DR
City-St-Zip: SARASOTA, FL 34234

Title: DV () Delete
Name: SNIPES, MILDRED
Address: 2014 EDGEWATER DR
City-St-Zip: SARASOTA, FL 34234

Title: DS () Delete
Name: SNIPES WILLIAM, LISA
Address: 2811 17TH ST
City-St-Zip: SARASOTA, FL 34236

Title: DT () Delete
Name: SNIPES BOOKER, CHANTAL
Address: 2241 COCONUT DR
City-St-Zip: SARASOTA, FL 34234

Title: VP () Delete
Name: PHILLIPS, DEREK C
Address: 2544 25TH STREET
City-St-Zip: SARASOTA, FL 34234 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE SNIPES

PRES

07/09/2007

Electronic Signature of Signing Officer or Director

Date