

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90780 004 ***150.00

DOCUMENT # P03000107187

1. Entity Name
THE ORIGINAL LIQUID STUCCO, INC.



Principal Place of Business
**5257 CLEVELAND ST.
VIRGINIA BEACH, VA 23462**

Mailing Address
**5257 CLEVELAND ST.
VIRGINIA BEACH, VA 23462**

14010131



04142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
4624 N Powerline Rd
Suite, Apt. #, etc.

3. Mailing Address
5257 Cleveland St
Suite, Apt. #, etc.
Ste 109

City & State
Deerfield Beach FL
Zip
33073 Country
Broward

City & State
Virginia Beach VA
Zip
23462 Country

4. FEI Number
04142004 Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DYKES, WALT			NAME			
STREET ADDRESS	5257 CLEVELAND ST. STE 101			STREET ADDRESS			
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEATHRIDGE, GREG			NAME			
STREET ADDRESS	5257 CLEVELAND ST. STE 101			STREET ADDRESS			
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DYKES, TINA			NAME			
STREET ADDRESS	5257 CLEVELAND ST. STE 101			STREET ADDRESS			
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HAWKS, MELINDA			NAME			
STREET ADDRESS	5257 CLEVELAND ST. STE 101			STREET ADDRESS			
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462			CITY-ST-ZIP			
TITLE	CHRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEATHRIDGE, GREG			NAME			
STREET ADDRESS	5257 CLEVELAND ST. STE 101			STREET ADDRESS			
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE: Melinda Hawks **4-28-4** **757-687-1700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #