## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## ----FILED Mar 19, 2007 08:00 A DOCUMENT # P03000110050 **Secretary of State** 1. Entity Name LARRY PRUGAR PLASTER & STUCCO, INC. Principal Place of Business Mailing Address 1748 JACOBS RD. 1748 JACOBS RD. SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 56-2402106 Not Applicable Zip Country 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 PRUGAR, LARRY 1748 JACOBS RD Street Address (P.O. Box Number is Not Acceptable) SOUTH DAYTONA FL 32119 Zip Codo 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent President) SIGNATURE FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete fill! Change Addition PRUGAR, LARRY NAME NAME 1748 JACOBS RD STREET ADDRESS STREET ADDRESS 000000672538 <del>03/28/07-80071</del> SOUTH DAYTONA FL 32119 CITY - ST-2IP CITY-ST-ZIP THE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP Delete TOLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Delete DILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY - ST- 7IP Defete TITLE Change Addition 🔲 NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP TITLE ☐ Delete HILL Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

arry S. Prugar III 3-16-07 386-788-2192 SIGNATURE