

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117800

Entity Name: LARRY TRAMMELL STUCCO, INC.

FILED  
Apr 04, 2005  
Secretary of State

## Current Principal Place of Business:

7414 SOUTH FT. EVANS POINT  
HOMOSASSA, FL 34446

## New Principal Place of Business:

## Current Mailing Address:

7414 SOUTH FT. EVANS POINT  
HOMOSASSA, FL 34446

## New Mailing Address:

FEI Number: 20-0326357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, TRACY A  
7414 SOUTH FT. EVANS POINT  
HOMOSASSA, FL 34446 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: P ( ) Delete  
Name: TRAMMELL, LARRY  
Address: 7414 SOUTH FT. EVANS POINT  
City-St-Zip: HOMOSASSA, FL 34446

Title: S ( ) Delete  
Name: BROWN, TRACY A  
Address: 7414 SOUTH FT. EVANS POINT  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: VP ( ) Delete  
Name: TRAMMELL, MICKEY  
Address: 7414 SOUTH FT. EVANS POINT  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: V ( ) Delete  
Name: STEVE, MICHAEL D  
Address: 840 SOUTH CURRY PT.  
City-St-Zip: HOMOSASSA, FL 34448

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY TRAMMELL

P

04/04/2005

Electronic Signature of Signing Officer or Director

Date