2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117800

Entity Name: LARRY TRAMMELL STUCCO, INC.

FILED Feb 03, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:		
7414 SOUTH FT. EVANS POINT HOMOSASSA, FL 34446	7414 S. FORTE EVANS PT HOMOSASSA, FL 34446		
Current Mailing Address:	New Mailing Address:		
7414 SOUTH FT. EVANS POINT HOMOSASSA, FL 34446	7414 S. FORTE EVANS PT HOMOSASSA, FL 34446		
FEI Number: 20-0326357 FEI Number Applied For () FEI Nu	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:		
BROWN, TRACY A 7414 SOUTH FT. EVANS POINT HOMOSASSA, FL 34446 US	BROWN, TRACY A 7414 S. FORTE EVANS PT. HOMOSASSA, FL 34446 US		

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:		02/03/2006
	Electronic Signature of Registered Agent	Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:	P () Delete	Title:	P (X) Change () Addition
Name:	TRAMMELL, LARRY	Name:	TRAMMELL, LARRY
Address:	7414 SOUTH FT. EVANS POINT	Address:	7414 S. FORTE EVANS PT.
City-St-Zip:	HOMOSASSA, FL 34446	City-St-Zip:	HOMOSASSA, FL 34446
Title:	S () Delete	Title:	S (X) Change () Addition
Name:	BROWN, TRACY A	Name:	BROWN, TRACY A
Address:	7414 SOUTH FT. EVANS POINT	Address:	7414 S. FORTE EVANS PT.
City-St-Zip:	HOMOSASSA, FL 34446 US	City-St-Zip:	HOMOSASSA, FL 34446 US
Title:	VP () Delete	Title:	VP (X) Change () Addition
Name:	TRAMMELL, MICKEY	Name:	TRAMMELL, MICKEY
Address:	7414 SOUTH FT. EVANS POINT	Address:	7414 S. FORTE EVANS PT.
City-St-Zip:	HOMOSASSA, FL 34446 US	City-St-Zip:	HOMOSASSA, FL 34446 US
Title:	V (X) Delete	Title:	() Change () Addition
Name:	STEVE, MICHAEL D	Name:	
Address:	840 SOUTH CURRY PT.	Address:	
City-St-Zip:	HOMOSASSA, FL 34448	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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.

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02/03/2006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: