2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117996

Entity Name: C 8 S ODNIAMENTAL DI ASTED

FILED Jul 23, 2004 Secretary of State

Entity Na	me: G & S ORNAMENTAL PLASTER	ING, INC.		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	49TH CT RD AHA, FL 32179			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	49TH CT RD AHA, FL 32179			
FEI Number	: FEI Number Applied For	(X) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Age	ent: Name and Address o	f New Registered Agent:	
6287 SE 1 OCKLAW The above	DN, JAMES M 49TH CT RD AHA, FL 32179 e named entity submits this statement fo e of Florida.	or the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Register	ed Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPST () Delete ANDERSON, JAMES M P O BOX 474 OCKLAWAHA, FL 32179	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () Delete HENTHORN, STEVE P O BOX 474 OCKLAWAHA, FL 32179	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JAMES M ANDERSON PRES 07/23/2004