. 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2005 08:00 AM Secretary of State DOCUMENT # P03000118644 1. Entity Name STEVE WILSON PLASTERING, INC. Mailing Address Principal Place of Business **5232 OATES AVENUE 5232 OATES AVENUE** PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 No Chg-P 02032005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0375101 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WILSON, STEVE **5232 OATES AVENUE** PORT ORANGE, FL 32127 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NAME WILSON, STEVE STREET ADDRESS 5232 OATES AVENUE UNNONO289068 04/06/05-80011-009 150.00 CITY-ST-ZIP PORT ORANGE, FL 32127 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

3.2.05 54

Davrima Phone #

FILED