2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P03000120779

Entity Name: AUTHENTIC STUCCO, INC.

Current Principal Place of Business:

17306 PONCE DE LEON BLVD.
BROOKSVILLE, FL 34614 US

New Principal Place of Business:

Current Mailing Address:

17320 PONCE DE LEON BLVD.
BROOKSVILLE, FL 34614 US

New Mailing Address:

FEI Number: 20-0339683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

USACCOUNTING OFFICE, INC.
417 W. JEFFERSON STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

MANISCAICO, LOUIS J MR.
5327 COMMERICAL WAY
SUITE # D120
SPRING HILL, FL 34606 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: LOUIS J. MANISCAICO 04/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CANNON, EDWARD E
Address: 17320 PONCE DE LEON BLVD
City-St-Zip: BROOKSVILLE, FL 34614 US

Title: VP (X) Delete
Name: CANNON, EDWARD E
Address: 17320 PONCE DE LEON BLVD
City-St-Zip: BROOKSVILLE, FL 34614 US

Title: S (X) Delete
Name: CANNON, EDWARD E
Address: 17320 PONCE DE LEON BLVD
City-St-Zip: BROOKSVILLE, FL 34614 US

Title: T (X) Delete
Name: CANNON, EDWARD E
Address: 17320 PONCE DE LEON BLVD
City-St-Zip: BROOKSVILLE, FL 34614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CANNON, EDWARD E
Address: 17320 PONCE DE LEON BLVD
City-St-Zip: BROOKSVILLE, FL 34614 US

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: EDWARD E. CANNON PRES 04/27/2005
Electronic Signature of Signing Officer or Director Date