

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90041 044 ***158.75

DOCUMENT # P03000121410					
1. Entity Name: CAMPBELL'S STUCCO & STONE, INC.					
Principal Place of Business 9461 SHAVER DRIVE BROOKSVILLE, FL 34601			Mailing Address 9461 SHAVER DRIVE BROOKSVILLE, FL 34601		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent VRASPIR, TODD W 5327 COMMERCIAL WAY SUITE A101 SPRING HILL, FL 34606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CAMPBELL, JAMES T		NAME		
STREET ADDRESS	9461 SHAVER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE	S.T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CAMPBELL, JAMES T		NAME		
STREET ADDRESS	9461 SHAVER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(1), 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: <i>James T Campbell</i>			1-27-04 1-352-7960467		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

54003257



01272004 Chg-P CH2E034 (10/03)

4. FEI Number **54-2141848** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required