## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Aug 16, 2005 8:00 am Secretary of State **DOCUMENT # P03000123197** 08-16-2005 90040 004 \*\*\*150 00 1. Entity Name K R STUCCO, INC. Principal Place of Business Mailing Address 50061863 914 ST. CLAIR STREET D108 1260 HIGHLAND AVE MELBOURNE, FL 32935 MELBOURNE, FL 32935 Mailing Address 1895 Wallace Ave 2. Principal Place of Business 1895 Wallace Aue Suite, Apt #, etc. Suite, Apt. #, etc 08082005 Chg-P CR2E034 (10/03) City & State Melbourne 4. FEI Number Applied For 41-2115876 Not Applicable Country Brevara Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUDD, KEITH Box Number is Not Acceptable) 914 ST. CLAIR STREET D108 MELBOURNE, FL 32935 lbourne 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 reinstating FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Detete TITLE ☐ Addition RUDD, KEITH NAME NAME 1895 Wallace Ave 1260 HIGHLAND AVE STREET ADDRESS STREET ADDRESS Helbourne FL 32935 CITY-ST-2LP MELBOURNE, FL 32735 CITY-ST-ZIF TITLE Delete ☐ Change ■ Addition PETNEL, BRYAN NAME NAME STREET ADDRESS. 1260 HIGHLAND AVE STREET ADDRESS CITY-ST-ZIF MELBOURNE, FL 32735 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TIFLE □ Change ☐ Addition NAME MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP 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.

**FILED**