2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90298 044 ***150.00

DOCUMENT # P03000127122

1. Entity Name
LEDFORD CUSTOM STUCCO, INC.

Principal Place of Business
9812 LAKESIDE LANE
PORT RICHEY, FL 34668

Mailing Address
9812 LAKESIDE LANE
PORT RICHEY, FL 34668

04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
~~NOT APPLICABLE~~ 20-0372186
Applied For
Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LEDFORD, JEFFREY D
9812 LAKESIDE LANE
PORT RICHEY, FL 34668

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:
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consenting) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	LEDFORD, JEFFREY D	NAME	
STREET ADDRESS	9812 LAKESIDE LANE	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP	
TITLE	ST [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	LEDFORD, TAMMY J	NAME	
STREET ADDRESS	9812 LAKESIDE LANE	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668	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
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TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
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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 119.07(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: X Jeffrey Ledford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/14/05
Date Daytime Phone #