


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90245 011 ***150.00

DOCUMENT # P03000127170 1. Entity Name HORNE STUCCO AND STONE, INC.			
Principal Place of Business 3813 N. 53RD. ST TAMPA, FL 33619-1007		Mailing Address 3813 N. 53RD. ST TAMPA, FL 33619-1007	
2. Principal Place of Business 7112 HARNEY RD Suite, Apt. #, etc.		3. Mailing Address 7112 HARNEY RD Suite, Apt. #, etc.	
City & State TAMPA, FL. 33617-9206		City & State TAMPA, FL.	
Zip 33617-9206		Country USA	
4. FEI Number 41-2115136		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORNE, JR., ARTHUR M 3813 N. 53RD. ST TAMPA, FL 33619-1007		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7112 HARNEY RD City TAMPA FL. Zip Code 33617-9206	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME HORNE, JR., ARTHUR M	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3813 N. 53RD. ST	CITY - ST - ZIP TAMPA, FL 336191007	7112 HARNEY RD TAMPA, FL. 33617-9206	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Arthur M. Horne</u>		7/19/06 813 444-7839	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	