


**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90042 032 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000127651</b>					
1. Entity Name: <b>JEFF'S PLASTERING AND STUCCO, INC.</b>					
Principal Place of Business <b>550 HIBISCUS AVENUE SEBASTIAN, FL 32958</b>			Mailing Address <b>POST OFFICE BOX 78120 SEBASTIAN, FL 32953</b>		
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 781240</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>SEBASTIAN FL</b>		4. FEI Number <b>20-0460513</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>32978</b>		<b>32978</b>			
6. Name and Address of Current Registered Agent <b>ASSAD, JEFF 550 HIBISCUS AVENUE SEBASTIAN, FL 32958</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	D ASSAD, JEFF 550 HIBISCUS AVENUE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 781240 SEBASTIAN FL 32978 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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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	
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: <b>JEFF ASSAD-Pres</b>				Date <b>772-589-3234</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	