2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 11, 2004 8:00 am Secretary of State

| 1. Entity Name HARMON STUCCO, INC. | | | | | 03-11-200 | 4 90010 0 3 0 |) ***150.0 | 0 |
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| | 010000, 1110. | | 1 | 1115 | | | | |
| Principal Place of Business 5723 BROOKGREEN AVENUE ORLANDO FL 32839 | | Mailing Address 5723 BROOKGREEN AVENUE ORLANDO FL 32839 | | | | | 140T | 5921 |
| | | | | | | II 11 17 1111 1111 1111 | 6878 1881 1881 HE | 11 H 16 H |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | MOORE | CR2E034 | (11/03) | |
| City & State | | City & State | | | 4. FEI Number | 74793 | 6 Ap | plied For Applicable |
| Zip | Country | Zip | Country | | 5. Certificate of Status Des | | \$8.75 Add | itional |
| | 6. Name and Address of Current | Registered Agent | <u> </u> | | 7. Name and Address of F | lew Registered | | |
| The state of the s | | | Name | + | | | | |
| PATTISON, GRACE CPA 917 NORTH PALMWAY STREET KISSIMMEE FL 34744 | | | -Street | Address (I | P.OBox Number is Not Acco | ptable) | | |
| 1 | | | City | | | | Zip Code | - |
| The above named entity submits this statement for the purpose of changing its registere | | | | | | FL | | |
| B. The above | named entity submits this statement to ions of registered agent. | or the purpose of changing its | registered office | or register | ed agent, or both, in the State | or Florida. Iam | iamiliar with, | and accept |
| ing condar | iono or agricio de agona. | | | | | | | |
| ţ | grave Patters | ~ | | | | 1/28/1 | .4 | |
| SIGNATURE | Signey Post or printed name of registered agent | and little 4 applicable. [NO? | E: Regisiered Agent sign | Sture required | i when rametating) | 1/25/1 | 4 | |
| SIGNATURE F | June Paton | | E: Registered Agent sign | арте гединед | 9. Election Campai Trust Fund Cont | | | O May Be to Fees |
| SIGNATURE F | Signific. hypot or printed name of registered agent ILE NOW!!! FEE IS \$150.00 FMay 1: 2004 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND | of State | E: Registered Agent sign | Sture required | 9. Election Campai | ribution. | Added | to Fees |
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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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMA OFFICER OR DIRECTOR

127.04 407 363 9459