

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000129683

1. Entity Name
D.L.M. STUCCO SYSTEMS, INC.



FILED

06 AUG 16 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5640 FERGUSON CT
2304
NEW PORT RICHEY, FL 34652

Mailing Address
5640 FERGUSON CT
2304
NEW PORT RICHEY, FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08122006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number
81-0639251

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOSCHER, LYNNE
3408 VAN NUYS LOOP
NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent

Name Miess, Lynne
Street Address (P.O. Box Number is Not Acceptable)
5640 Ferguson Ct.
#2304
City New Port Richey **FL** Zip Code 34652

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

Lynne Miess

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when new agent)

8/12/06

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DOSCHER, LYNNE
STREET ADDRESS 5640 FERGUSON CT. # 2304
CITY-STATE-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Miess, Lynne
STREET ADDRESS 5640 Ferguson Ct. #2304
CITY-STATE-ZIP New Port Richey, FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 112, 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:

Lynne Miess Lynne Miess

8/12/06

(727)847-6240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

20 8/17