


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

09-02-2004 90076 020 ***150.00
P03000132749

DOCUMENT # P03000132749		
1. Entity Name JEFFREY LEWIS STUCCO INC. JEFFERY		
Principal Place of Business 4720 S CONNERS CT INVERNESS FL 34450 US		Mailing Address 4720 S CONNERS CT INVERNESS FL 34450 US

FILED

04 OCT -4 AM 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

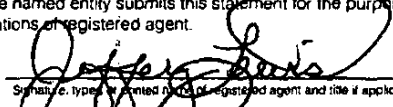


MOORE CR2E034 (4/04)

2. Principal Place of Business JEFFERY LEWIS Stucco Inc Suite, Apt. #, etc.		3. Mailing Address JEFFERY LEWIS Stucco Inc Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

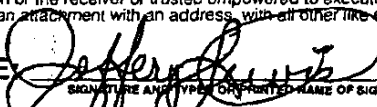
4. FEI Number 20-0405055	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEWIS, JEFFREY - spelling corrected JEFFERY 4720 S CONNERS CT INVERNESS FL 34450		7. Name and Address of New Registered Agent Name LEWIS JEFFERY Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  **JEFFERY LEWIS** 8/30/04
Signature type: typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	\$607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, JEFFREY JEFFERY 4720 S CONNERS CT INVERNESS FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERRY, BRENDA J 4720 S CONNERS CT INVERNESS FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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  **JEFFERY LEWIS** 8/30/04
Signature and type of officer or director Date Daytime Phone #