

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-25-2007 90054 031 ***150.00

DOCUMENT # P03000132819

1. Entity Name
STUCCO UNLIMITED, INC.



Principal Place of Business
**27427 SUNSET DR.
PUNTA GORDA, FL 33955**

Mailing Address
**27427 SUNSET DR.
PUNTA GORDA, FL 33955**

66001549

(P 0 3 0 0 0 1 3 2 8 1 9 P)

01202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0394080	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

**SMITH, DOUG
27427 SUNSET DR.
PUNTA GORDA, FL 33955**

**DO NOT WRITE
IN THIS SPACE**

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, the registered agent.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, DOUG
STREET ADDRESS	27427 SUNSET DR.
CITY- ST- ZIP	PUNTA GORDA, FL 33955
TITLE	V
NAME	BEISNER, BRYAN
STREET ADDRESS	1072 SEACREST DR.
CITY- ST- ZIP	PORT CHARLOTTE, FL 33948
TITLE	STD
NAME	SMITH, LYNE
STREET ADDRESS	27427 SUNSET DR.
CITY- ST- ZIP	PUNTA GORDA, FL 33955
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 507, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07
Date

941-1639-1627
Daytime Phone #