



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

| | | |
|--|--|--|
| DOCUMENT # P03000135782 | |  |
| 1. Entity Name SOUTHERN DESIGN STUCCO, INC. | | |
| Principal Place of Business 158 PERSIMMON ST. FREEPORT, FL 32439 | Mailing Address 158 PERSIMMON ST. FREEPORT, FL 32439 | |
| DO NOT WRITE IN THIS SPACE | | |
| | |  02062006 No Chg-P CR2E034 (11/05) |
| | | 4. FEI Number 86-1108669 Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent MCGREGOR, MICHELLE L 158 PERSIMMON ST. FREEPORT, FL 32439 | | 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 registered agent. | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD MCGREGOR, MICHELLE L 158 PERSIMMON ST. FREEPORT, FL 32439 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TATRO, RICHARD P 158 PERSIMMON ST. FREEPORT, FL 32439 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD O'CONNOR, JERRY W 195 WRIGHT CIRCLE NICEVILLE, FL 32578 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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 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:  Michelle McGregor <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small> | | 02/15/2006 Date Daytime Phone # |