2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90059 022 ***158.75

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MOORE CR2E034 (11/03)

DOCUMENT # P03000137843

1. Entity Name
POINTER'S STUCCO, INC.

Principal Place of Business	Mailing Address
2921 ORCHID LANE LAKELAND FL 33805-7540	2921 ORCHID LANE LAKELAND FL 33805-7540

2. Principal Place of Business	3. Mailing Address
2921 Orchid Ln, Lakeland	2921 Orchid Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland	City & State: Lakeland
Zip: 33805 Country: USA	Zip: 33805 Country: USA

4. FEI Number — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

POINTER, WILBURN JR.
2921 ORCHID LANE
LAKELAND FL 33805-7540

7. Name and Address of New Registered Agent

Name: Wilburn Pointer Jr.
Street Address (P.O. Box Number is Not Acceptable): 2921 Orchid Ln
City: Lakeland FL Zip Code: 33805

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: [signature] Jr. Wilburn Pointer Jr. 1/27/04
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	POINTER, WILBURN JR.	
STREET ADDRESS	2921 ORCHID LANE	
CITY-ST-ZIP	LAKELAND FL 33805-7540	
TITLE	PD	☐ Delete
NAME	POINTER, LINDA	
STREET ADDRESS	2921 ORCHID LANE	
CITY-ST-ZIP	LAKELAND FL 33805-7540	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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] 1/27/04 863-667-2579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #