

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90042 004 ***150.00

DOCUMENT # P03000140247

1. Entity Name

CHOICE STUCCO FINISHINGS, INC.



Principal Place of Business

2617 GALE PLACE
HOLIDAY FL 34691

Mailing Address

2617 GALE PLACE
HOLIDAY FL 34691

2. Principal Place of Business

2617 Gale Pl
Suite, Apt. #, etc.
Holiday FL
34691

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

34691

City & State

Zip

FL

Country

FL

Zip

FL

Country

FL

4. FEI Number

01-0802788

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATZKE, TAMMY M
2617 GALE PLACE
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

TAMMY MATZKE
Street Address (P.O. Box Number is Not Acceptable)

2617 GALE PL
HOLIDAY FL

City

FL

Zip Code

34691

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

Tammy Matzke

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

(NOTE: Registered Agent signature required when reinstating)

2/2/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	PSD	<input type="checkbox"/> Delete
NAME	MATZKE, TAMMY M.	
STREET ADDRESS	2617 GALE PLACE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATZKE, DWAYNE D. SR	
STREET ADDRESS	2617 GALE PLACE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATZKE, DWAYNE D. JR.	
STREET ADDRESS	2617 GALE PLACE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tammy Matzke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 127-389-0638

Date

Daytime Phone #