

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000141012**

1. Entity Name

LARRY PEYTON STUCCO, INC.



Principal Place of Business

9393 NEW MARTINSVILLE AVE  
ENGLEWOOD FL 34224

Mailing Address

9393 NEW MARTINSVILLE AVE  
ENGLEWOOD FL 34224



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0489157

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IZZO, JOHN P  
773 S INDIANA AVE  
ENGLEWOOD FL 34223

Name

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

City

FL

Zip Code

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

LARRY PEYTON

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

(NOTE: Registered Agent signature required when re-registering)

DATE

2-10-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | PS                        | <input type="checkbox"/> Delete |
| NAME           | PEYTON, LARRY             |                                 |
| STREET ADDRESS | 9393 NEW MARTINSVILLE AVE |                                 |
| CITY- ST- ZIP  | ENGLEWOOD FL 34224        |                                 |
| 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  |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY- ST- ZIP  |                           |                                 |

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

U00000431880  
02/23/06-80042-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

LARRY PEYTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-06

941-474-4991