


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90113 003 \*\*\*550.00

<b>DOCUMENT # P03000141246</b> 1. Entity Name <b>CAMPBELL &amp; WILLIAMS STUCCO, INC.</b>			
Principal Place of Business <b>2984 W WOODTRUSH ST LECANTO FL 34461</b>		Mailing Address <b>2984 W WOODTRUSH ST LECANTO FL 34461</b>	
2. Principal Place of Business <b>2984 W. WOODTRUSH ST</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LECANTO FLORIDA</b>		City & State	
Zip <b>34461</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent  <b>WILLIAMS, JEFFERY W 2984 W WOODTRUSH ST LECANTO FL 34461</b>		7. Name and Address of New Registered Agent Name <b>RALPH H. BLANCHARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>484 W. HILLYARD PATH</b> City <b>BEVERLY HILLS</b> <b>FL</b> Zip Code <b>90210</b>	
8. The above named agent 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 agent. SIGNATURE <u><i>Ralph H. Blanchard</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Delete <b>CAMPBELL, JUAN</b> <b>4950 N. LENA DR.</b> <b>4855 BEVERLY HILLS, FL 34465</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete <b>WILLIAMS, JEFFERY W</b> <b>2984 W WOODTRUSH</b> <b>LECANTO FL 34461</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>08/13/04</b> Daytime Phone #	



MOORE CR2E034 (4/04)

4. FEI Number **86-1059107** Applied For ☐ Not Applicable ☐

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

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