


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000141246 1. Entity Name CAMPBELL & WILLIAMS STUCCO, INC.		
Principal Place of Business 2984 W WOODTRUSH ST LECANTO, FL 34461	Mailing Address 2984 W WOODTRUSH ST LECANTO, FL 34461	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BLANCHETE, RALPH H 484 HIGHWOOD PATH BEVERLY HILLS, FL 34465		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 renouncing)</small> DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAMPBELL, JUAN F 4980 N LENA DRIVE BEVERLY HILLS, FL 34465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WILLIAMS, JEFFERY W 2984 W WOODTRUSH LECANTO, FL 34461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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 exemption stated in Section 119.07(3)(f), 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 807, 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: <i>Jeffery Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> 8-27-05 <small>Date</small> <small>Daytime Phone #</small>		



08262005 No Chg-P CR2E034 (10/03)

4. FEI Number 86-1089102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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08/29/05-80004-010 150.00