

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90019 035 ***150.00

| | |
|--------------------------------|--|
| DOCUMENT # P03000141845 | |
| 1. Entity Name | |
| SUPER STUCCO EXPRESS, INC | |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|----------------|---------------------------|----------------|
| 2. Principal Place of Business 5310 FERDINAND DRIVE | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State ORLANDO, FL | | City & State | |
| Zip 32808 | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

V 60017890

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|---------------------------------------|--|----|--|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number 52-2413348 | | Applied For <input checked="" type="checkbox"/> Not Applicable |
| | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| | 7. Name and Address of Current Registered Agent | | |
| | Name CECIL HARMON | | |
| | Street Address (P.O. Box Number is Not Acceptable) 5310 FERDINAND DRIVE | | |
| | City Orlando | FL | Zip Code 32808 |

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT CECIL HARMON 5310 FERDINAND DRIVE ORLANDO FLO 32808 |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07

Date

(407) 298-7316

Daytime Phone #