

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90028 008 ***150.00

DOCUMENT # P03000144099

1. Entity Name

SILVESTER STUCCO INC.



Principal Place of Business

4000 MELISSA LANE
MIDDLEBURG FL 32068

Mailing Address

4000 MELISSA LANE
MIDDLEBURG FL 32068

2. Principal Place of Business

4000 MELISSAS Ln

Suite, Apt. #, etc.

3. Mailing Address

4000 MELISSAS Ln

Suite, Apt. #, etc.

City & State

Middleburg FL

Zip 32068

Country USA

City & State

Middleburg FL

Zip 32068

Country USA

4. FEI Number

73-1689933

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVESTER, FRANK E III
4000 MELISSA LANE
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name **Frank E. Silvester III**
Street Address (P.O. Box Number is Not Acceptable)
4000 MELISSAS Ln
City **Middleburg FL** Zip Code **32068**

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

Sharon Silvester SHARON Silvester vice President 3-6-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 PD
NAME SILVESTER, FRANK E III
STREET ADDRESS 4000 MELISSA LANE
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE VD
NAME SILVESTER, SHARON
STREET ADDRESS 4000 MELISSA LANE
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Silvester Frank E III ☒ Change ☐ Addition
STREET ADDRESS 4000 MELISSAS Ln
CITY-ST-ZIP Middleburg FL 32068

TITLE VD
NAME Silvester SHARON ☒ Change ☐ Addition
STREET ADDRESS 4000 MELISSAS Ln
CITY-ST-ZIP Middleburg FL 32068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **Sharon Silvester SHARON Silvester 3-6-04 904 282-2469**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #