
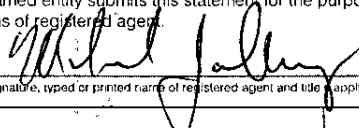
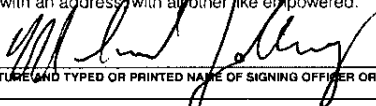


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90004 006 \*\*\*150.00

<b>DOCUMENT # P03000145686</b> 1. Entity Name <b>FIRST COAST STUCCO, INC.</b>					
Principal Place of Business <b>1620 NE JOLLEY LOOP LAKE CITY, FL 32055</b>			Mailing Address <b>1620 NE JOLLEY LOOP LAKE CITY, FL 32055</b>		
2. Principal Place of Business <b>1620 NE Jolley Lp.</b> Suite, Apt. #, etc.			3. Mailing Address <b>1620 N.E Jolley Lp.</b> Suite, Apt. #, etc.		
City & State <b>Lake City FL</b>			City & State <b>Lake City FL</b>		
Zip <b>32056</b>		Country <b>Columbia</b>		4. FEI Number <b>92-0189739</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STODDARD, RICHARD C 3100 UNIVERSITY BLVD S, STE 101 JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent Name <b>Same As Before</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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  DATE <b>6-1-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOLLEY, MICHAEL G 1620 NE JOLLEY LOOP LAKE CITY, FL 32055</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>704 699 2716</b> Daytime Phone #		

**54057380**

03132003 Chg-P CR2E034 (10/03)