

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-07-2005 90034 006 ***150.00

66010041



04102005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0453740** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUNA, JENNIFER A 1030 MANOR DRIVE ORLANDO, FL 32807		Name	
305 Panama Circle Winter Springs, FL 32708		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

DOCUMENT # P03000146150

1. Entity Name
J&A STUCCO SOLUTIONS, INC.



Principal Place of Business
~~1030 MANOR DRIVE~~
~~ORLANDO, FL 32807~~

Mailing Address
~~1030 MANOR DRIVE~~
~~ORLANDO, FL 32807~~

2. Principal Place of Business
305 Panama Circle

3. Mailing Address
305 Panama Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Springs

City & State
Winter Springs

Zip
FL

Country
Seminole

Zip
FL

Country
Seminole

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNA, JENNIFER A 1030 MANOR DRIVE ORLANDO, FL 32807 305 Panama Circle Winter Springs FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, ALFONSO MR. 1030 MANOR DRIVE ORLANDO, FL 32807 305 Panama Circle Winter Springs, FL 32708	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
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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: Jennifer A. Luna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/05
Date

(321) 3882791
Daytime Phone #