


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91067 047 \*\*\*150.00

DOCUMENT # P03000146698			
1. Entity Name DAVE COLE STUCCO, INC.			
Principal Place of Business 7303 DIPAOLO DRIVE HUDSON, FL 34667		Mailing Address 7303 DIPAOLO DRIVE HUDSON, FL 34667	
2. Principal Place of Business 7303 DIPAOLO DR Suite, Apt. #, etc.		3. Mailing Address 7303 DIPAOLO DR Suite, Apt. #, etc.	
City & State HUDSON FL		City & State HUDSON FL	
Zip 34667	Country US	Zip 34667	Country US
6. Name and Address of Current Registered Agent COLE, DAVID 7303 DIPAOLO DRIVE HUDSON, FL 34667		7. Name and Address of New Registered Agent Name DAVE COLE Street Address (P.O. Box Number is Not Acceptable) 7303 DIPAOLO DR City HUDSON FL Zip Code 34667	
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: <u>DAVE COLE OWNER</u> DATE: <u>4/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD COLE, DAVID 7303 DIPAOLO DRIVE HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <u>DAVE COLE (OWNER)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/30/04</u> Daytime Phone: <u>727-967-7529</u>	

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02242004 Chg-P CR2E034 (10/03)

4. FEI Number  
58-2682087 ☐ Applied For ☐ Not Applicable

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