

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90066 001 \*\*\*150.00  
03-09-2004 90066 002 \*\*\*\*\*8.75

DOCUMENT # P03000148618

1. Entity Name

HAPPY FACE STUCCO, INC.



Principal Place of Business  
18902 FLORALTON DR  
BROOKSVILLE FL 34610

Mailing Address  
18902 FLORALTON DR  
BROOKSVILLE FL 34610

66404928



MOORE CR2E034 (11/03)

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

592384654

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

ROSSITER, KENNETH WALTER JR  
18902 FLORALTON DR  
BROOKSVILLE FL 34610

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME ROSSITER, KENNETH WALTER  
STREET ADDRESS 18902 FLORALTON DR  
CITY-ST-ZIP BROOKSVILLE FL 34610

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

TITLE V ☐ Delete  
NAME ROSSITER, DORIS JEAN  
STREET ADDRESS 18902 FLORALTON DR  
CITY-ST-ZIP BROOKSVILLE FL 34610

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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: *Kenneth W Rossiter Jr* KENNETH W ROSSITER JR 352 428 7007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 3 MARCH 04 Daytime Phone #