

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90062 027 ***150.00

DOCUMENT # P03000149180

1. Entity Name

ADVANCED LATH & STUCCO, INC.



Principal Place of Business

1960 FIDDLER LN
PORT ORANGE FL 32128

Mailing Address

1960 FIDDLER LN
PORT ORANGE FL 32128



2. Principal Place of Business

1960 Fidler Ln.
Suite, Apt. #, etc.
Port Orange FL
City & State

3. Mailing Address

1960 Fidler Ln.
Suite, Apt. #, etc.
Port Orange FL
City & State

1st MOORE

CR2E034 (10/04)

4. FEI Number

87-0715619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, ERIC P
1960 FIDDLER LN
PORT ORANGE FL 32128

7. Name and Address of New Registered Agent

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

Eric Norman

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, 2005 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	DP	<input type="checkbox"/> Delete
NAME	NORMAN, ERIC P	
STREET ADDRESS	1960 FIDDLER LN	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	NORMAN, ROBERT A	
STREET ADDRESS	31425 BENTON DR	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	NORMAN, EARL R	
STREET ADDRESS	31425 BENTON DR	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Eric Norman* Eric Norman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 386-405-0272

Date

Daytime Phone #