


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90257 019 ***150.00

DOCUMENT # P03000153656	
1. Entity Name CELIO SIBAYAN STUCCO, INC.	

Principal Place of Business 151 MONACO RD. W. MELBOURNE, FL 32904	Mailing Address 151 MONACO RD. W. MELBOURNE, FL 32904
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60035832



2. Principal Place of Business 151 Monaco Road Suite, Apt. #, etc.	3. Mailing Address 151 Monaco Road Suite, Apt. #, etc.
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03172006 Chg-P CR2E034 (11/05)

City & State West Melbourne, FL	City & State West Melbourne, FL
Zip 32904	Country Brevard

4. FEI Number 20-0499735	Applied For Not Applicable
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6. Name and Address of Current Registered Agent SIBAYAN, CELIO 151 MONACO RD. W. MELBOURNE, FL 32904	7. Name and Address of New Registered Agent Name Sibayan, Celio Street Address (P.O. Box Number is Not Acceptable) 151 Monaco Road City West Melbourne FL Zip Code 32904
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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  Celio Sibayan, Reg. Agent 03/17/06
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, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SIBAYAN, CELIO 151 MONACO RD. W. MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Sibayan, Celio 151 Monaco Road West Melbourne, FL 32904 <input checked="" 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Celio Sibayan, Director 03/17/06 321-676-9144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #