


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90385 013 ***150.00

DOCUMENT # P03000153656					
1. Entity Name CELIO SIBAYAN STUCCO, INC.					
Principal Place of Business 151 MONACO ROAD MELBOURNE, FL 32904			Mailing Address 151 MONACO ROAD MELBOURNE, FL 32904		
2. Principal Place of Business - No P.O. Box # 209 Martin St.		3. Mailing Address 209 Martin St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Indian Harbour Beach FL		City & State Indian Harbour Beach FL		4. FEI Number 20-0499735	
Zip 32937		Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: Celio Sibayan Street Address (P.O. Box Number is Not Acceptable): 209 Martin St. City: Indian Harbour Beach FL Zip Code: 32937		
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>Celio Sibayan - Celio Sibayan (President)</u> DATE: <u>3/28/08</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, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: DRST NAME: SIBAYAN, CELIO STREET ADDRESS: 151 MONACO ROAD CITY-ST-ZIP: MELBOURNE, FL 32904			TITLE: DPST NAME: Celio Sibayan STREET ADDRESS: 209 Martin St. CITY-ST-ZIP: Indian Harbour Beach FL 32937		
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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: <u>Celio Sibayan - Celio Sibayan (President)</u>			DATE: <u>3/28/08</u> DAYTIME PHONE #: <u>(321) 777-9107</u>		