

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154830

FILED
Apr 24, 2008
Secretary of State

Entity Name: SUPREME STUCCO & PLASTERING, INC.

Current Principal Place of Business:

940 MAJESTIC CYPRESS DR. N.
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

810 6TH AVE. N.
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

940 MAJESTIC CYPRESS DR. N.
ATLANTIC BEACH, FL 32233

New Mailing Address:

810 6TH AVE. N.
JACKSONVILLE BEACH, FL 32250

FEI Number: 20-0515972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIMITROFF, CHETRI L
940 MAJESTIC CYPRESS DR. N.
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

DIMITROFF, CHETRI L
810 6TH AVE. N.
JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE:

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DIMITROFF, CHETRI L
Address: 940 MAJESTIC CYPRESS DR. N.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP () Delete
Name: RESENDES, NICHOLAS A
Address: 2055 CYPRESS LANDING DR.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: COB () Delete
Name: DIMITROFF, TINA M
Address: 940 MAJESTIC CYPRESS DR. N.
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DIMITROFF, CHETRI L
Address: 810 6TH AVE. N.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COB (X) Change () Addition
Name: DIMITROFF, TINA M
Address: 810 6TH AVE. N.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA DIMITROFF

COB

04/24/2008

Electronic Signature of Signing Officer or Director

Date