

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154830

FILED
Apr 15, 2009
Secretary of State

Entity Name: SUPREME STUCCO & PLASTERING, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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: 810 6TH AVE. N.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

04/15/2009

Electronic Signature of Signing Officer or Director

Date