## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000156334

Title:

Name:

Address:

City-St-Zip:

TRES

SCOTT, RICKIE

221 DENNISE STREET

OVIEDO, FL 32765 US

(X) Delete

FILED Apr 21, 2004 Secretary of State

Entity Name: M & J STUCCO, INC **Current Principal Place of Business: New Principal Place of Business:** 215 12TH STREET WEST APOPKA, FL 32703 **Current Mailing Address: New Mailing Address:** 215 12TH STREET WEST APOPKA, FL 32703 FEI Number: 20-0531929 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THORPE, LYSANDER 6327 PINEY GLEN LANE ORLANDO, FL 32819 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS ( ) Delete Title: () Change () Addition SIMMONS, MICHAEL Name: Name: 215 12TH STREET WEST Address: Address: City-St-Zip: APOPKA, FL 32703 US City-St-Zip: Title: Title: (X) Change ( ) Addition SEC () Delete Name: FARRIER, REGGIE Name: GRIFFIN -SIMMONS, ANGELA 500 WEST AIRPORT BLVD APT#115 215 12TH STREET WEST Address: Address: SANFORD, FL 32773 US APOPKA, FL 32703 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL SIMMONS PRES 04/21/2004

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