

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157958

Entity Name: LEGACY STUCCO, INC.

FILED
Sep 07, 2004
Secretary of State

Current Principal Place of Business:

1421 PENNSYLVANIA AVE.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

1421 PENNSYLVANIA AVE.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOAN, OLIVIA
1421 PENNSYLVANIA AVE.
PALM HARBOR, FL 34683

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SLOAN, OLIVIA
Address: 1421 PENNSYLVANIA AVE.
City-St-Zip: PALM HARBOR, FL 34683

Title: V () Delete
Name: SLOAN, JIMMY V
Address: 1421 PENNSYLVANIA AVE.
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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.

SIGNATURE: OLIVIA SLOAN

PST

09/07/2004

Electronic Signature of Signing Officer or Director

Date