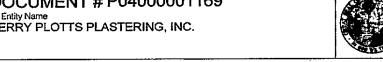
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P04000001169** TERRY PLOTTS PLASTERING, INC. Principal Place of Business Mailing Address

**FILED** Jan 31, 2006 08:00 AM **Secretary of State** 



CR2E034 (11/05)

Applied For Not Applicable

\$8.75 Additional

Fee Required

No Chg-P

DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0881192 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PLOTTS, TERRY DO NOT WRITE 106 SW RIDGECREST DRIVE PORT ST LUCIE, FL 34953 IN THIS SPACE 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. (NOTE. Registered Agent signature required when reinstating) DÂTE

106 SW RIDGECREST DRIVE PORT ST LUCIE, FL 34953

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

Signature, typed or printed pame of registered agent and title if applicable

**106 SW RIDGECREST DRIVE** 

PORT ST LUCIE, FL 34953

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

01172006

10. OFFICERS AND DIRECTORS TITLE PS PLOTTS, TERRY NAME 106 SW RIDGECREST DRIVE STREET ADDRESS PORT ST LUCIE, FL 34953 CITY-ST-ZIP PLOTTS, TERRY NAME STREET ADDRESS 106 SW RIDGECREST DRIVE PORT ST LUCIE, FL 34953 CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS City-ST-ZIP

U000001408418 02/08/06-80059-001 150.00

DO NOT WRITE IN THIS SPACE

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 with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR