2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 01, 2005 8:00 am Secretary of State DOCUMENT # P04000007705 02-01-2005 90022 028 ***150.00 RUNNER STUCCO & STONE, INC. Principal Place of Business Mailing Address 40010074 **505 E PLEASANT ST 505 E PLEASANT ST** AVON PARK, FL 33825 AVON PARK, FL 33825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 55-0855233 Not Applicable Zip Country Country -\$8.75-Additional-5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUNNER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 505 E PLEASANT ST AVON PARK, FL. 33825 City Zip Code 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 tine obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME RUNNER, RICHARD NAME STREET ADDRESS 505 E PLEASANT ST STREET ADDRESS CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RUNNER, NAN NAME STREET ADDRESS 505 E PLEASANT ST STREET ADDRESS AVON PARK, FL 33825 CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete DILE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CHY-ST-ZIP ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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Daytime Phone #

12. I hereby certify that the information supplied with this filing does not qualify 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 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 an address, with all other like empowered. 1/28/05 (863)452-1698

SIGNING OFFICER OR DIRECTOR

SIGNATURE: