## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P04000008237



1. Entity Nam JOHNNY	PLASTER LATHE INC								
Principal Place of Business Mailing Address				qu	•				
20052 SOMERSET ACRES LANE		20052 SOMERSET ACRES LANE SPRING HILL, FL 34610							
2. Principal P	lace of Business - No P.O. Box #								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05032007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Numb				plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired					
	6. Name and Address of Current Reg	gistered Agent			7. Name and Address of New Registered Agent				
		Name	Name						
PLASTER, JOHNNY J JR 20052 SOMERSET ACRES LANE SPRING HILL, FL 34610			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
			City	City FL Zip Code					
	named entity submits this statement for the ions of registered agent.  Signature, trood or princed name of registered agent and the statement of the statement		E. Registered Agent signature req			DATE			
FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Fin Trust Fund Contributio				\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607.1 not receive	93(2)(b), the prior n	F.S., the lotice.	
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS	CHANGES TO OFF	FICERS AND (	DIRECTORS	SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLASTER, JOHNNY J JR 20052 SOMERSET ACRES LANE SPRINGHILL, FL 34610	☐ Delete	STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FIVECOAT, CHRISTOPHER D 20052 SOMERSET ACRES LANE SPRINGHILL, FL 34610	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-51 ZIP	4			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JIM, SOULE 20312 OLD SOMERSET ACRES LA SPRINGHILL, FL 34610	Delete	TITLE NAME SIFIET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLASTER, CHERI L 20052 SOMERSET ACRES LANE SPRINGHILL, FL 34610	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP				☐ Change	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY SI LIP				☐ Change	Addition	
12. I hereby	certify that the information supplied with thi	s filing does not qualify f	or the exemptions contain	ined in Chapter 11	9, Florida Statutes.	I further certif	y that the ir	nformation	

indicated on this report or supplemental report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.