

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90198 033 \*\*\*150.00

**DOCUMENT # P04000015385**

1. Entity Name

CAPTIVATING STUCCO & STONE, INC.



Principal Place of Business

1801 SEAWARD STREET  
TAMPA, FL 33604

Mailing Address

1801 SEAWARD STREET  
TAMPA, FL 33604



02042006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

61-1446504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

★QUICK TAX REFUND & ACCOUNTING

1020 W. HILLSBROUGH AVE  
TAMPA, FL 33603

A&T Accounting and Tax  
8001 W Knights Griffin Rd.  
Plant City, FL 33565

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*

YANEL RODRIGUEZ

MARCH 30, 2006

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BORRAS, ELIZABETH  
STREET ADDRESS 1801 SEAWARD STREET  
CITY-ST-ZIP TAMPA, FL 33604

TITLE S  
NAME SPRINGS, JESSE T  
STREET ADDRESS 1801 SEAWARD STREET  
CITY-ST-ZIP TAMPA, FL 33604

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 2006

Date

Daytime Phone #