

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90258 011 \*\*\*150.00

**DOCUMENT # P04000016571**  
1. Entity Name  
**LOUIS PLASTERING & DRIVEWAYS, INC.**



Principal Place of Business <b>3448 ELM STREET ZOLFO SPRINGS, FL 33890</b>	Mailing Address <b>PO BOX 811 ZOLFO SPRINGS, FL 33890</b>
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**40097466**



**DO NOT WRITE IN THIS SPACE**

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0653975</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LOUIS, ADNAUD  
3448 ELM STREET  
ZOLFO SPRINGS, FL 33890**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LOUIS, ADNAUD PO BOX 811 ZOLFO SPRINGS, FL 33890</b>
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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:** *Adnaud Louis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #