

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90047 034 ***150.00

DOCUMENT # P04000019520

1. Entity Name
MYERS STUCCO & ENTERPRISES, INC.



Principal Place of Business
**6466 CHARLESTON CT.
 MILTON, FL 32570**

Mailing Address
**6466 CHARLESTON CT.
 MILTON, FL 32570**

2. Principal Place of Business
5845 Gulf Rd Milton FL 32583

Suite, Apt. #, etc.

3. Mailing Address
5845 Gulf Rd Milton FL 32583

Suite, Apt. #, etc.

City & State
Milton FL

Zip
32583

Country
US



03172005 Chg-P CR2E034 (10/03)

4. FEI Number
16-1691290

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~BANNER, MICHAEL~~
~~4244 W. TENNESSEE ST.~~
~~#185~~
~~TALLAHASSEE, FL 32304~~

7. Name and Address of New Registered Agent

Name ^(Becky)
Rebecca Myers

Street Address (P.O. Box Number is Not Acceptable)
5845 Gulf Rd

City
Milton

FL Zip Code
32583

B. 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 Rebecca D. Myers **3-18-05**

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PRES MYERS, G. E 6466 CHARLESTON CT. MILTON, FL 32570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYERS, G. E 6466 CHARLESTON CT. MILTON, FL 32570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MYERS, BECKY 6466 CHARLESTON CT. MILTON, FL 32570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MYERS, G. E 6466 CHARLESTON CT. MILTON, FL 32570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Myers G.E. 5845 Gulf Rd Milton FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Myers G.E. 5845 Gulf Rd Milton FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Myers Becky 5845 Gulf Rd Milton FL 32583	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA Myers, Becky 5845 Gulf Rd Milton FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Rebecca Myers Rebecca Myers /sec/trea **3-18-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #