


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
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2. Principal Place of Business 5845 Gulf Rd Milton FL 32583	3. Mailing Address 5845 Gulf Rd Milton FL 32583
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03172005 Chg-P CR2E034 (10/03)

City & State Milton FL	City & State Milton FL	4. FEI Number 16-1691290	Applied For <input type="checkbox"/> Not Applicable
Zip 32583	Country US	Zip 32583	Country US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

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

Name **(Becky) Rebecca Myers**
Street Address (P.O. Box Number is Not Acceptable)
5845 Gulf Rd
City **Milton** FL **32583**

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 Rebecca D. Myers DATE 3-18-05

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MYERS, G. E. <input type="checkbox"/> Delete 6466 CHARLESTON CT. MILTON, FL 32570	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Myers G.E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5845 Gulf Rd Milton FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYERS, G. E. <input type="checkbox"/> Delete 6466 CHARLESTON CT. MILTON, FL 32570	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Myers G.E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5845 Gulf Rd Milton FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MYERS, BECKY <input type="checkbox"/> Delete 6466 CHARLESTON CT. MILTON, FL 32570	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Myers Becky <input type="checkbox"/> Change <input type="checkbox"/> Addition 5845 Gulf Rd Milton FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MYERS, G. E. <input checked="" type="checkbox"/> Delete 6466 CHARLESTON CT. MILTON, FL 32570	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA Myers, Becky <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5845 Gulf Rd Milton FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 DATE 3-18-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR