

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90016 006 \*\*\*150.00

DOCUMENT # P04000019963

1. Entity Name  
D. MC'S PLASTERING INC



Principal Place of Business  
137 FISHERMAN ROAD  
SATSUMA, FL 32189

Mailing Address  
137 FISHERMAN ROAD  
SATSUMA, FL 32189

4000000000



**DO NOT WRITE IN THIS SPACE**

07062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0655803

Applied For  
Not Applicable

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

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

MCDANIEL, WILLIAM D JR  
137 FISHERMAN ROAD  
SATSUMA, FL 32189

**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

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PRES
NAME	MCDANIEL, WILLIAM D JR
STREET ADDRESS	137 FISHERMAN ROAD
CITY - ST - ZIP	SATSUMA, FL 32189
TITLE	S
NAME	MCDANIEL, SUE
STREET ADDRESS	137 FISHERMAN ROAD
CITY - ST - ZIP	SATSUMA, FL 32189
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:

*William D. McDaniel* 7-7-06 (386)937-0127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #