



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90223 041 \*\*\*150.00

DOCUMENT # P04000022885					
1. Entity Name <b>B AND F PLASTERING AND STUCCO CONTRACTORS INC</b>					
Principal Place of Business <del>605 BOOTH ST</del> <b>698 BUTLER ST</b> SAFETY HARBOR, FL <del>34695</del> <b>34695</b>			Mailing Address <del>605 BOOTH ST</del> <b>698 BUTLER ST</b> SAFETY HARBOR, FL <del>34695</del> <b>34695</b>		
2. Principal Place of Business <b>698 BUTLER ST</b> Suite, Apt. #, etc.			3. Mailing Address <b>698 BUTLER ST</b> Suite, Apt. #, etc.		
City & State <b>SAFETY HARBOR FL</b> Zip <b>34695</b> Country <b>PIAELLAS</b>		City & State <b>SAFETY HARBOR FL</b> Zip <b>34695</b> Country <b>PINELLAS</b>			
4. FEI Number <b>300247140</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				04012005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>DAMPIER, FRED</b> <b>695 - BOOTH ST</b> <b>SAFETY HARBOR, FL 34693</b>			7. Name and Address of New Registered Agent Name <b>BOYD BOWES</b> Street Address (P.O. Box Number is Not Acceptable) <b>698 BUTLER ST SAFETY</b> City <b>HARBOR</b> FL Zip Code <b>34695</b>		
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 <u><b>Boyd Bowes</b></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u><b>5/10/05</b></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <del>BOYD BOWES</del> <b>BOYD BOWES</b> <input type="checkbox"/> Delete STREET ADDRESS <del>698 BUTLER ST</del> <b>698 BUTLER ST</b> CITY-ST-ZIP <b>SAFETY HARBOR, FL 34693 34695</b>	TITLE <b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>BOYD BOWES</b> STREET ADDRESS <b>698 BUTLER ST</b> CITY-ST-ZIP <b>SAFETY HARBOR FL 34695</b>				
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <del>NOVELLA BOWES</del> <b>NOVELLA BOWES</b> STREET ADDRESS <b>698 - BUTLER ST</b> CITY-ST-ZIP <b>SAFETY HARBOR, FL 34693 34695</b>	TITLE <b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>NOVELLA BOWES</b> STREET ADDRESS <b>698 BUTLER ST</b> CITY-ST-ZIP <b>SAFETY HARBOR FL 34695</b>				
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TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>BOWES, NOVELLA</b> STREET ADDRESS <b>698 - BUTLER ST</b> CITY-ST-ZIP <b>SAFETY HARBOR, FL 34693 34695</b>	TITLE <b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>NOVELLA BOWES</b> STREET ADDRESS <b>698 BUTLER ST</b> CITY-ST-ZIP <b>SAFETY HARBOR FL 34695</b>				
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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: <u><b>Boyd Bowes</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u><b>5/10/05</b></u> <b>727)542-8576</b> <small>Date Daytime Phone #</small>		

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