
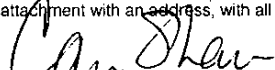


FILED
May 02, 2006 8:00 am
Secretary of State

THE UNIVERSITY OF CHICAGO

DOCUMENT # P04000028481						05-02-2006 90156 002 ***150.00	
1. Entity Name RATHERBE'S LATHING & PLASTERING, INC.							
Principal Place of Business 1232 NE CROSS ARCADIA, FL 34266				Mailing Address 1232 NE CROSS ARCADIA, FL 34266			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
AMES, CPA, CFP, ANDREW T. 128 W. OAK STREET ARCADIA, FL 34266				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		PD <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		SHAVER, TERRY LEE		NAME			
STREET ADDRESS		2230 NE HWY. 70, E-9		STREET ADDRESS			
CITY-ST-ZIP		ARCADIA, FL 34266		CITY-ST-ZIP			
TITLE		VD <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		CASSADY, JAMES		NAME			
STREET ADDRESS		2230 NE HWY. 70, E-9		STREET ADDRESS			
CITY-ST-ZIP		ARCADIA, FL 34266		CITY-ST-ZIP			
TITLE		ST <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		SHAVER, CARRIE		NAME			
STREET ADDRESS		1355 NE MANLEY ROAD		STREET ADDRESS			
CITY-ST-ZIP		ARCADIA, FL 34266		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: 				4-28-06 863-494-7881			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			