

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000028481

1. Entity Name  
RATHERBE'S LATHING & PLASTERING, INC.



FILED  
08 DEC -1 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1441 NE MANLEY RD  
ARCADIA, FL 34266

Mailing Address  
P.O. BOX 389  
ARCADIA, FL 34265

*change to:*

2. Principal Place of Business - No P.O. Box #  
2943 S.E. Creekwood Ter  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Arcadia, FL

City & State

Zip  
34266

Zip, Country

11202008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-0721350

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

VARNER, KRISTEN  
2943 S.E. CREEKWOOD TERR.  
ARCADIA, FL 34266

## 7. Name and Address of New Registered Agent

Name  
Kristen VARNER  
Street Address (P.O. Box Number is Not Acceptable)  
2943 S.E. Creekwood Ter  
City  
Arcadia, FL  
Zip Code  
34266

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

Amended AR is \$61.25

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHAVER, TERRY LEE	
STREET ADDRESS	2230 NE HWY. 70, E-9	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASADY, JAMES	
STREET ADDRESS	P.O. BOX 389	
CITY-ST-ZIP	ARCADIA, FL 34265	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SHAVER, CARRIE	
STREET ADDRESS	1355 NE MANLEY ROAD	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD O. VARNER	
STREET ADDRESS	2943 S.E. CREEKWOOD TERRACE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRISTEN VARNER	
STREET ADDRESS	2943 S.E. CREEKWOOD TERRACE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/08

Date

863/990-2015

Daytime Phone #