## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P04000031989

CHRISTOPHER STUCCO, INC.



**FILED** Jan 12, 2005 8:00 am Secretary of State

01-12-2005 90004 033 \*\*\*150.00

Principal Place of Business						7					
TARPON SPRINGS, FL 34689  2. Principal Place of Business  Suite, Apt. 4: etc.  Suite, Apt. 4: etc.  Suite, Apt. 4: etc.  City & State  Cry & State  Cry & State  Country  Zip  City  FL  Zip  Zip  Zip  City  FL  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Principal Plac	e of Business	Mailing Address						. = 0	0015	21
Suite, Apt. 4, etc.	407 WALTON AVENUE		407 WALTON AVENUE						50	UULC	91
Suite, Apt. 4, etc.											
City & State  Country	2. Principal F	Place of Business	3. Mailing Address								
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Proposed   \$8.75 Additional Proposed   \$8.75 Additional Proposed   \$7. Name and Address of New Registered Agent   \$7. Name and Address   \$7. Name a	Suite, Apt. #, etc.		Suite, Apt. #, etc.					,		• • • • • •	
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Proposed   \$8.75 Additional Proposed   \$8.75 Additional Proposed   \$7. Name and Address of New Registered Agent   \$7. Name and Address   \$7. Name a	City & State		City & State			4	I. FEI Numb	e 20-017	0942	" Ar	•
CHRISTOPHER, KIRKLAND   Address of New Registered Agent   Page   Name and Address of New Registered Agent   Page   Name	Zip	Country	Zip	Coun	ntry				П	\$8.75 Add	
CHRISTOPHER (KIRKLAND: AQ7 WALTON AVENUE TARPON SPRINGS, FL 34689    City   FL   Zip Code		6. Name and Address of Current	Registered Agent	I		7	. Name and	Address of New R			
AO7 WALTON AVENUE TARPON SPRINGS, FL 34689  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNATURE    Spoulow, head to printed refer of registered agent as the facilities.   NOTE Registered Agent streams required when remainting   DATE	-CHRISTO	,	-	Name	_				•		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE					Street Addres	ss (P.C	). Box Numb	er is Not Acceptable	e)		
a. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE     SPATIAN     SPATIAN   SPATIAN     SPATIAN     SPATIAN   SPATIAN     SPATIAN   SPATIAN     SPATIAN	TARPON	SPRINGS, FL 34689									
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					City				FI	Zip Cod	ie
SIGNATURE    Signature has do corresponded agont and time of accidicable.   (NOTE: Registered Agont signature required when rentating)   DATE	8. The above	e named entity submits this statement for	or the purpose of changing its	register	L ed office or regis	istered	agent, or bo	th, in the State of Flo		amiliar with,	and accept
Signature, hoted or circular care of registrand agent and steel it applicated. (NOTE: Registered Agent signature resoured when remaining)   DATE	the obligation	ions or registered agent.			J						
FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$55.00  Trust Fund Contribution.    10.	SIGNATURE.	Signature, typed or printed name of registered accept	and title if applicable (NO)	E: Bogietere	od Agent signatura zacı	numed who	en reinstation)	<del></del> .	DATE		<del></del>
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   DPST   CHANGE CHANGES TO OFFICERS AND DIRECTORS IN 11  THE   CHRISTOPHER, KIRKLAND   Addition   MAKE STREET ADDRESS   CITY-S1-2IP    TARPON SPRINGS, FL 34689  TO Delete   TITLE   MAKE STREET ADDRESS   CITY-S1-2IP    TITLE   CHANGE   Delete   TITLE   MAKE STREET ADDRESS   CITY-S1-2IP    TITLE   CHANGE   Delete   TITLE   MAKE STREET ADDRESS   CITY-S1-2IP    TITLE   CHANGE   Delete   TITLE   MAKE STREET ADDRESS   CITY-S1-2IP    TITLE   Delete   TITLE   MAKE STREET ADDRESS   CITY-S1-2IP    TITLE   Delete   TITLE   DELET   TITLE   CHANGE   Addition    TITLE   DELET   TITLE   CHANGE   TITLE   CHANGE   Addition    TITLE   DELET   TITLE   CHANGE   TITLE   TITLE   CHANGE   TITLE   TITLE   CHANGE   TITLE   TITLE   TITLE   TITLE   TITLE   TITLE   TITLE   TITLE   TITLE		i i	, and the state of	L. Fibgratoro	o rigon agrada aqu	quiren mile	si ( ) Bri (statility)	Γ	DAIL		
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12. Thereby 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.