


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

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| DOCUMENT # P04000033996 1. Entity Name THOMAS BAYER STUCCO, INC. |  |
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| Principal Place of Business 6350 CUTLER TERR. PORT CHARLOTTE, FL 33981 | Mailing Address 6350 CUTLER TERR. PORT CHARLOTTE, FL 33981 |
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 56-2447547 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BAYER, THOMAS
 6350 CUTLER TERR.
 PORT CHARLOTTE, FL 33981

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

DATE
 03/26/08-80069-016 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAYER, THOMAS 6350 CUTLER TERR. PORT CHARLOTTE, FL 33981 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O BAYER, JENNIFER 6350 CUTLER TERR. PORT CHARLOTTE, FL 33981 |
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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: Jennifer L. Bayer JENNIFER L. BAYER V.P. 3- 941-828-8595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #