


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90015 012 ***150.00

DOCUMENT # P04000039002	
1. Entity Name SPORTS STUCCO & PLASTERING INC.	

Principal Place of Business 11776 SW 143RD LANE DUNNELLON, FL 34432 US	Mailing Address 11776 SW 143RD LANE DUNNELLON, FL 34432 US
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2. Principal Place of Business - No P.O. Box # 11641 SW 145th St.	3. Mailing Address 11641 SW 145th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Dunnellon, FL	City & State Dunnellon, FL
Zip 34432	Zip 34432
Country USA	Country USA

03142008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent KNERR, DONALD 11776 SW 143RD LANE DUNNELLON, FL 34432	
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7. Name and Address of New Registered Agent -	
Name	
Street Address (P.O. Box Number is Not Acceptable) 11641 SW 145th St.	
City Dunnellon	Zip Code FL 34432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P KNERR, DONALD 11776 SW 143RD LANE DUNNELLON, FL 34432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11641 SW 145th St. Dunnellon, FL 34432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNERR, KRISTIN 11776 SW 143RD LANE DUNNELLON, FL 34432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11641 SW 145th St. Dunnellon, FL 34432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donald Knerr **4-18-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #