² 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2007 8:00 am Secretary of State

					Secretary of State					
DOCUMENT # P04000046916					05-14-2007 90086 019 ***150.00					
1. Entity Name SHARP STUCCO, INC.							0000 01.	. 100		
(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1										
Principal Place of Business Mailing Address										
122 EAST BELL STREET			ويسسه دد د	ب جسام	401					
AVON PARK, FL 33825 AVON PARK, FL 33825			•		/ /###################################	IIIE AIRII BAIN PAIN ARE	n es in elele eni		IEST IL 1881	
Principal Place of Business - No P.O. Box # 3. Mailing Address				<u>. </u>						
Suite, Apt. #, etc. Suite, Apt. #, etc.			H11)	'	-					
122 Gwenthil					92007	Chg-P	CR2E03	34 (12/06)		
City & State		SHUN Park, FC.		I .	El Number 2 0-0895 2	220			plied For t Applicable	
Zip 338	25 Country Highlands	Zip	Country Highlands	5 . C	ertificate of	Status Desired		8.75 Add		
- 5 00	6. Name and Address of Current F	<u> </u>		7. Na	ame and A	ddress of New R				
SHARP, KOLETTO										
122 EAST BELL STREET AVON PARK, FL 33825				ddress (P.O. Box Number is Not Acceptable) — Gwen Hill						
			City	City Avon Park FL Zig Code 33825					るう	
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.										
Kololila Charlotto Sharry Bourdent										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 File NowIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees										
10. OFFICERS AND DIRECTORS 11.				ADE	NITIONS/CI	HANGES TO OFF	ICERS AND	DIRECTORS	2 IN 11	
TITLE	PSTD	Delete	TITLE	700	21710140701	12/10/23 10 011		Change	Addition	
NAME	SHARP, KOLETTO		NAME STREET ADDRESS }	22 G	went	1-hill				
STREET ADDRESS CITY-ST-ZIP	122 EAST BELL STREET AVON PARK, FL 33825		CITY-ST-ZIP	AUDIOT	Pasik_	FL 33	825			
TITLE		Delete	TITLE NAME			•		☐ Change	Addition	
NAME STREET ADDRESS			STREET ADDRESS							
CITY+\$1-ZIP			CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP	9		STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME expect anopece		•	NAME Street address							
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP							
12. Thereby 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 directly indicated by Chapter 119, 120, 130, 130, 130, 130, 130, 130, 130, 13										
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.										