



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90052 009 ***150.00

DOCUMENT # P04000059944 1. Entity Name RUDOLPH NELSON'S STUCCO & PLASTERING, INC.			
Principal Place of Business 3580 CHEVELLE DR MELBOURNE, FL 32904		Mailing Address 3580 CHEVELLE DR MELBOURNE, FL 32904	
2. Principal Place of Business - No P.O. Box # 544 Conifer St.		3. Mailing Address 544 Conifer St.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State West Melbourne, FL		City & State West Melbourne, FL	
Zip 32904		Zip 32904	
Country 		Country 	
40103200			
4. FEI Number 20-0976773		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, RUDOLPH L III 3580 CHEVELLE DR MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 544 Conifer St City West Melbourne FL Zip Code 32904	
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 <u><i>Rudolph L. Nelson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-25-07</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, RUDOLPH L III 3580 CHEVELLE DR MELBOURNE, FL 32904	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 544 Conifer St West Melbourne, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <u><i>Rudolph L. Nelson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-25-07</u> Daytime Phone # _____	