


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000070272 1. Entity Name P & B STUCCO INC						FILED 05 OCT 17 AM 10:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3254 FITZGERALD ST JACKSONVILLE, FL 32205 US				Mailing Address 3254 FITZGERALD ST JACKSONVILLE, FL 32205 US			
2. Principal Place of Business 8243 Pear Rd Suite, Apt. #, etc.				3. Mailing Address 8243 Pear Rd Suite, Apt. #, etc.			
City & State Jacksonville, Fl				City & State Jacksonville, Fl			
Zip 32210		Country Duval		Zip 32210		Country Duval	
4. FEI Number 20-1062982				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 PARKER, ROBERT L 3254 FITZGERALD ST JACKSONVILLE, FL 32205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8243 Pear Rd City Jacksonville FL Zip Code 32210			
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>Robert Parker</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PARKER, ROBERT L 3254 FITZGERALD ST JACKSONVILLE, FL 32205			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8243 Pear Rd Jacksonville Fl 32210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP BUTLER, FRANK A 726 LOCUS ST JACKSONVILLE, FL 32205			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8243 Pear Rd Jacksonville, Fl 32210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>[Signature]</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060686283 10/17/05--01067--002 **150.00		
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 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.							
SIGNATURE: <u><i>Robert Parker</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>10-17-05</u> Date		<u>904 382-1390</u> Daytime Phone #	