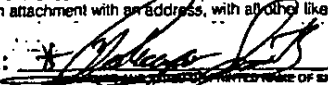


2005 FOR PROFIT CORPORATION ANNUAL REPORT

8 **FILED**
Sep 14, 2005 8:00 am
Secretary of State

08-12-2005 90002 011 ***150.00

DOCUMENT # P04000102990 1. Entity Name SMITH 1 STUCCO INC.			
Principal Place of Business 112 EAST BLACKJACK BRANCH WAY JACKSONVILLE, FL 32259-1900 US		Mailing Address 112 EAST BLACKJACK BRANCH WAY JACKSONVILLE, FL 32259-1900 US	
2. Principal Place of Business P.O. Box 600907		3. Mailing Address P.O. Box 600907	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32260		Zip 32260	
Country 		Country 	
4. FEI Number 20-1340834		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, POLICARPO 112 EAST BLACKJACK BRANCH WAY JACKSONVILLE, FL 32259-1900		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 nonlisting)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 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 SMITH, POLICARPO 112 EAST BLACKJACK BRANCH WAY JACKSONVILLE, FL 322591900 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Smith, Policarpo 3041 Jimmy Lane Jacksonville, FL 32259 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  _____ NAME, TITLE, AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

66027301



08062005 Chg-P CR2E034 (10/03)