

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90008 044 ***150.00

DOCUMENT # P04000103443

1. Entity Name
ORANGE PLASTER & STUCCO INC



Principal Place of Business
**203 BRANDON MANOR CT., APT. 216
BRANDON, FL 33511 US**

Mailing Address
**203 BRANDON MANOR CT., APT. 216
BRANDON, FL 33511 US**

2. Principal Place of Business
1804 DURANT RD

3. Mailing Address
1804 DURANT RD.

Suite, Apt. #, etc.



03022006 Chg-P CR2E034 (11/05)

City & State
VALRICO, FL.

City & State
VALRICO, FL.

4. FEI Number
20-1360767

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Zip
33594

Country
USA

Zip
33594

Country
USA

6. Name and Address of Current Registered Agent
**ZELAYA, GERMAN
6435 S TALMIAMI TRAIL
SARASOTA, FL 33231**

7. Name and Address of New Registered Agent
Name
GERMAN ZELAYA
Street Address (P.O. Box Number is Not Acceptable)
1804 Durant Rd.
City
VALRICO FL Zip Code
33594

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 *German Zelaya*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	PD ZELAYA, GERMAN 6435 S TALMIAMI TRAIL SARASOTA, FL 33231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZELAYA, GERMAN 1804 DURANT, RD. VALRICO, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASCO, ANTONIO E 6435 S TALMIAMI TRAIL SARASOTA, FL 33231 <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	SVP CASCO, MANUEL D 6435 S TALMIAMI TRAIL SARASOTA, FL 33231 <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
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: *German Zelaya*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3-2-2006** Daytime Phone # **813-6572980**