


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-07-2006 90013 010 ***558.75

DOCUMENT # P04000109182 1. Entity Name CRO STUCCO & PLASTERING, INC.					
Principal Place of Business 3001 SE LAKE WEIR AVE - # 508 OCALA, FL 34471			Mailing Address 3001 SE LAKE WEIR AVE - # 508 OCALA, FL 34471		
2. Principal Place of Business 88 PINE TRACE COURSE Suite, Apt. #, etc. N/A		3. Mailing Address 88 PINE TRACE COURSE Suite, Apt. #, etc. N/A			
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 42-1639595	
Zip 34472		Country MARION		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURTIS, ORSON R II 3001 SE LAKE WEIR AVE - # 508 OCALA, FL 34471				7. Name and Address of New Registered Agent Name CURTIS, ORSON R II Street Address (P.O. Box Number is Not Acceptable) 88 PINE TRACE COURSE City Ocala FL Zip Code 34472	
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>Karina Perry-Curtis</i></u> DATE <u>9-6-06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006			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	P CURTIS, ORSON R II 3001 SE LAKE WEIR AVE - # 508 OCALA, FL 34471 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Curtis, Orson R II 88 PINE TRACE COURSE Ocala, FL 34472 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/B PERRY-CURTIS, KARINA L 3001 SE LAKE WEIR AVE - # 508 OCALA, FL 34471 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/B Perry-Curtis, Karina L. 88 PINE TRACE COURSE Ocala, FL 34472 <input checked="" 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: <u><i>Karina Perry-Curtis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>9-6-06</u> <small>Date</small>		