

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109381

Entity Name: PEGAS STUCCO INC

FILED
Mar 29, 2005
Secretary of State

Current Principal Place of Business:

737 HICKORY MANOR DRIVE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

737 HICKORY MANOR DRIVE
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-1402901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNAPP, PETER
737 HICKORY MANOR DRIVE
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

KNAP, PETER
737 HICKORY MANOR DRIVE
JACKSONVILLE, FL 32225 US

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.

SIGNATURE: PETER KNAP

03/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KNAP, PETER
Address: 737 HICKORY MANOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: PROSTREDNY, IVAN
Address: 2001 HODGES BLVD APT 1718
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER KNAP

PRES

03/29/2005

Electronic Signature of Signing Officer or Director

Date