


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90483 029 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000112560 1. Entity Name R&B CUSTOM PLASTERING, INC.	
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Principal Place of Business 1389 15TH STREET ORANGE CITY, FL 32763	Mailing Address 1389 15TH STREET ORANGE CITY, FL 32763
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02232005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1455069	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	7. Name and Address of New Registered Agent
HILLER, ROBERT N 1389 15TH STREET ORANGE CITY, FL 32763	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete HILLER, ROBERT N	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1389 15TH STREET	NAME	STREET ADDRESS
STREET ADDRESS	ORANGE CITY, FL 32763	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	STREET ADDRESS
STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	STREET ADDRESS
STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	STREET ADDRESS
STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	

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: Robert Hiller Robert Hiller 4/28/05 386-774-7340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #