2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 15, 2008 8:00 am
Secretary of State
03-25-2008 90006 036 ***150.00

DOCUMENT # P04000133944

1. Entity Name
ABM STUCCO INC.

Principal Place of Business	Mailing Address
4319 CULBREATH RD VALRICO, FL 33594	4319 CULBREATH RD VALRICO, FL 33594

66006675

02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1645092
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, AMY
4319 CULBREATH RD
VALRICO, FL 33594

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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: Amy Miller DATE: 3/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEB 15 $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPDT
NAME	MILLER, AMY
STREET ADDRESS	4319 CULBREATH RD
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	PSD
NAME	MILLER, ALLEN B
STREET ADDRESS	4319 CULBREATH RD
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Amy Miller 4/11/08 813 918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0784