2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

6/21/2005-90002-039-$150.00-$150.00 *
6/8/3/2005-90063-028-$400.00-$400.00

2005 OCT 11 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # [illegible]4000149502

1. Entity Name

W.C. BOOKER PLASTERING, INC.

Principal Place of Business	Mailing Address
4888 21ST AVE NORTH ST PETERSBURG FL 33713	4888 21ST AVE NORTH ST PETERSBURG FL 33713

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
4888 21st Ave. N.		Same	
Suite, Apt. #, etc. St. Petersburg		Suite, Apt. #, etc. Apt 29	
City & State Florida		City & State Same	
Zip 33713	Country Pinellas	Zip Same	Country Same

4. FEI Number — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BOOKER, WC
4888 21ST AVE NORTH
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

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 Wonderful C. Booker

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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	D BOOKER, WC 4888 21ST AVE NORTH ST PETERSBURG FL 33713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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10/11/05--01055--014 **550.00

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: Wonderful C. Booker — 7/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/14