

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000149502

1. Entity Name
W.C. BOOKER PLASTERING, INC.



Principal Place of Business
4878 21ST AVE NORTH
ST PETERSBURG, FL 33713

Mailing Address
4878 21ST AVE NORTH
ST PETERSBURG, FL 33713

2. Principal Place of Business
4888 21st Ave. No

Suite, Apt. #, etc.

St. Petersburg

City & State

Florida

Zip

33713

Country
Pinellas

3. Mailing Address
Same

Suite, Apt. #, etc.

Apt. 27

City & State

Same

Zip

Same

Country
Same

6. Name and Address of Current Registered Agent

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

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

Wendyhal C. Book
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
10. OFFICERS AND DIRECTORS		<table border="1"> <tr> <td colspan="2">11.</td> </tr> <tr> <td colspan="2">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			11.		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Wendyhal C. Book*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/06
Daytime Phone #

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90305 009 ***150.00

4001000



04182006 Chg-P CR2E034 (11/05)

4. FEI Number 262-54-4564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code