

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90025 033 ***150.00

DOCUMENT # P04000149502

1. Entity Name

W.C. BOOKER PLASTERING, INC.



Principal Place of Business

4888 21ST AVE NO
APT 27
SAINT PETERSBURG FL 33713

Mailing Address

4888 21ST AVE NO
APT 27
SAINT PETERSBURG FL 33713

2. Principal Place of Business - No P.O. Box #

4888 21ST AVE NO

3. Mailing Address

4888 21ST AVE NO

Suite, Apt. #, etc.

APT 27

Suite, Apt. #, etc.

APT 27

City & State

St. Pete. FL

City & State

St. Pete. FL

Zip

33713

Country

Pinellas

Zip

33713

Country

Pinellas

2nd MOORE

CR2E034 (4/08)

4. FEI Number

26-2544564

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

W.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 \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BOOKER, WC
STREET ADDRESS 4888 21ST AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33713

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME I did not receive
STREET ADDRESS The annual Report
CITY-ST-ZIP IN TIME.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

W.C. Booker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #