2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT. Apr 05, 2007 08:00 A Secretary of State **DOCUMENT # P04000154214** 1. Entity Name OWEN'S CUSTOM STUCCO, INC. Principal Place of Business Mailing Address 3605 CORAL STREET 3605 CORAL STREET PALATKA, FL 32177 PALATKA, FL 32177 CR2E034 (11/05) 01032007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1859509 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LASSITER, OWEN III DO NOT WRITE 3605 CORAL STREET PALATKA, FL 32177 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE LASSITER, OWEN III NAME STREET ADDRESS 3605 CORAL STREET U00000691030 CITY-ST-ZIP PALATKA, FL 32177 04/12/07-80014-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 eath; 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 an empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP"

386-312-9991

Lassiter Owen