## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 8:00 am Secretary of State

DOCUMENT # P0500005255  1. Entity Name GREGG PERRAULT PLASTERING, INC.						01-22-2008 9	90077 028 ***15	0.00
Principal Place of Business Mailing Address								
65 NE 754TH ST. OLD TOWN, FL 32680		65 NE 754TH ST. OLD TOWN, FL 32680		•				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				<b>                                    </b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172008	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Number 16-1717	552	<del></del>	pplied For lot Applicable
Zip	Country	Zip Count		try	5. Certificate of	Status Desired	□ \$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	tegistered Agent	
ALL ELODIDA FIDM INC				Name KELLY	PERA	AULT		
ALL FLORIDA FIRM, INC. 465 S. VOLUSIA AVENUE SUITE C				Street Address (P.O. Box Number is Not Acceptable)				
ORANGE CITY, FL 32763				.,				
ž			OLD TO	wN		FL Zip Coo	te 280	
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 HELD Y PERRAULT  Signature breader printed page of postered angular division by the description of postered angular								
SIGNATURE / FEAT / ERICH D. W. Signature, tyced 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, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. \$5.00 May 8								
10.	· OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE	PD	☐ Delete TIII					Change	Addition
NAME STREET ADDRESS	PERRAULT, GREGG NAM 65 NE 754 ST STR		E Et address					
CITY-ST-ZIP	1		-ST-ZIP					
TITLE	VD Delete m					Change	Addition	
NAME	PERRAULT, KELLY			1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
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CITY-ST-ZIP			CITY	-SI-ZIP				
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAM Stre				Uhange	Addition

12. Thereby 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 shell have the same legal effect as it 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 all other like empowered.

SIGNATURE: Kell & Panaula
Signature no typed or printed name of signing officer or director

9163 1868 (352)542-9448