

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011641

FILED
Jan 30, 2009
Secretary of State

Entity Name: WELLINGTON PROFESSIONAL STUCCO & DRYWALL INC.

Current Principal Place of Business:

152 BAYWOOD AVE.
LONGWOOD, FL 32750

New Principal Place of Business:

2920 STONEWALL PLACE
SANFORD, FL 32773

Current Mailing Address:

152 BAYWOOD AVE.
LONGWOOD, FL 32750

New Mailing Address:

2920 STONEWALL PLACE
SANFORD, FL 32773

FEI Number: 20-2369167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THIBAUT, DAVID
152 BAYWOOD AVE.
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

KING, DONNIE
2920 STONEWALL PLACE
SANFORD, FL 32773 US

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.

SIGNATURE: DONNIE KING

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARCE, DAMARIS
Address: 152 BAYWOOD AVE.
City-St-Zip: LONGWOOD, FL 32750

Title: S3 (X) Delete
Name: TRIBAUT, DAVID
Address: 152 BAYWOOD AVE
City-St-Zip: LONGWOOD, FL 32750

Title: V (X) Delete
Name: HEAD, MICHAEL W
Address: 152 BAYWOOD AVE.
City-St-Zip: LONGWOOD, FL 32750

Title: V (X) Delete
Name: SAVAGE, CHRISTOPHER L
Address: 152 BAYWOOD AVE.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: KING, DONNIE
Address: 2920 STONEWALL PLACE
City-St-Zip: SANFORD, FL 32773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNIE KING

DPS

01/30/2009

Electronic Signature of Signing Officer or Director

Date