

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90409 023 \*\*\*150.00

**DOCUMENT # P05000026767**

1. Entity Name  
**EDCO QUALITY STUCCO & LATHE CORP**



Principal Place of Business  
**2400 ELDRIDGE STREET  
DELTONA, FL 32738**

Mailing Address  
**2400 ELDRIDGE STREET  
DELTONA, FL 32738**

**50008504**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20-2378230**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ENCARACION, EDWIN  
2400 ELDRIDGE ST  
DELTONA, FL 32738**

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

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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ENCARACION, EDWIN**  
STREET ADDRESS **2400 ELDRIDGE ST**  
CITY - ST - ZIP **DELTONA, FL 32738**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY - ST - ZIP

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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 a duly empowered person 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/06**

Date

**386-956-8747**

Daytime Phone #