


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000034493</b>					
<b>1. Entity Name</b> CENTRAL FLORIDA LATH & STUCCO, INC					
<b>Principal Place of Business</b> 5240 E COLONIAL DR STE D ORLANDO, FL 32807			<b>Mailing Address</b> P.O. BOX 570736 ORLANDO, FL 32857		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2480608	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MESA FRANCO, AL 5240 E. COLONIAL DR SUITE F ORLANDO, FL 32807			Name Street Address (P.O. Box Number is Not Acceptable) City		
Zip Code			Zip Code		
<b>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, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	P/D QUILLI, MANUEL F 4623 WYDHAM LN ORLANDO, FL 32812		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	09/05/07-80006-021 150.00	
Delete	Delete		Change	Addition	
Delete	Delete		Change	Addition	
Delete	Delete		Change	Addition	
Delete	Delete		Change	Addition	
Delete	Delete		Change	Addition	
Delete	Delete		Change	Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			8/20/07		
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			407-448-3584		