

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037110

Entity Name: SCOTT SYKORA STUCCO, INC.

FILED  
May 02, 2007  
Secretary of State

## Current Principal Place of Business:

42112 FONSECA LN  
DELAND, FL 32720 US

## New Principal Place of Business:

425 N KENTUCKY AVE  
DELAND, FL 32724 US

## Current Mailing Address:

42112 FONSECA LN  
DELAND, FL 32720 US

## New Mailing Address:

425 N KENTUCKY AVE  
DELAND, FL 32724 US

FEI Number: 20-2410063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SYKORA, SCOTT  
42112 FONSECA LN  
DELAND, FL 32720 US

## Name and Address of New Registered Agent:

SYKORA, SCOTT  
425 N KENTUCKY AVE  
DELAND, FL 32724 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: SCOTT SYKORA

05/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SYKORA, SCOTT  
Address: 42112 FONSECA LN  
City-St-Zip: DELAND, FL 32720 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SYKORA, SCOTT  
Address: 425 N KENTUCKY AVE  
City-St-Zip: DELAND, FL 32724 US

Title: OD ( ) Change (X) Addition  
Name: SYKORA, MARK  
Address: 425 N KENTUCKY AVE  
City-St-Zip: DELAND, FL 32724 US

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: SCOTT SYKORA

PD

05/02/2007

Electronic Signature of Signing Officer or Director

Date