

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90039 014 ***150.00

DOCUMENT # P05000038146

1. Entity Name
MAYNARD'S STUCCO & PLASTERING, INC.



Principal Place of Business
**200 AMBERJACK
SATSUMA, FL 32189**

Mailing Address
**PO BOX 1182
SAN MATEO, FL 32187**

40103137



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2496490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYNARD, EDWARD D
200 AMBERJACK
SATSUMA, FL 32189**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MAYNARD, EDWARD D
200 AMBERJACK
SATSUMA, FL 32189** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40103137

Edward D Maynard

9/1/06

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To whom it may concern

I did not get a Notice that this had to be renewed.

This is my first year & I was not aware that it had to be renewed every year.

I found a Phone # 850-245-6056, on this form, upon calling this # I was told that I could write this letter & you would wave the \$400.00 late fee this time.

I also ask when it was due? so the next time it will be paid on time.

Thank you very much

Edward D Maynard

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Mailing address

Maynard's Stucco & Plastering, Inc.

PO Box 1182

San Mateo, FL 32187