
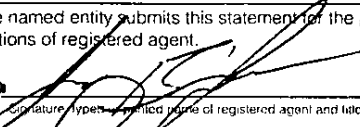


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90164 046 \*\*\*150.00

<b>DOCUMENT # P05000049504</b> 1. Entity Name <b>J&amp;R STUCCO &amp; STONE, INC.</b>					
Principal Place of Business <b>5821 W. HWY 92 PLANT CITY FL 33567</b>				Mailing Address <b>5821 W. HWY 92 PLANT CITY FL 33567</b>	
2. Principal Place of Business <b>4596 Moores Lake Rd.</b>				3. Mailing Address <b>(same) 4596 Moores Lake Rd.</b>	
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 	
City & State <b>Dover, FL</b>				City & State <b>Dover, FL</b>	
Zip <b>33527</b>		Country <b>U.S.</b>		4. FEI Number <b>20-2482527</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRIDGES, JOSEPH 5821 W. HWY 92 PLANT CITY FL 33567</b>				7. Name and Address of New Registered Agent Name <b>Joseph Bridges</b> Street Address (P.O. Box Number is Not Acceptable) <b>4596 Moores Lake Rd.</b> City <b>Dover</b> <b>FL</b> Zip Code <b>33527</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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  <b>Joseph Bridges Pres.</b> <span style="float: right;"><b>4/25/06</b></span> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BRIDGES, JOSEPH W</b> <b>5821 W. HWY. 92</b> <b>PLANTY CITY FL 33567</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>TURNER, REX</b> <b>5821 W. HWY. 92</b> <b>PLANT CITY FL 33567</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE 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 Section 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>SIGNATURE:</b>  <b>Joseph Bridges, Pres.</b> <span style="float: right;"><b>4/25/06 813-298-2403</b></span> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					