


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90070 026 ***150.00

DOCUMENT # P05000055291 1. Entity Name KEATON STUCCO, INC.																											
Principal Place of Business 8390 NW 60TH AVE OCALA FL 34482		Mailing Address 8390 NW 60TH AVE OCALA FL 34482																									
2. Principal Place of Business - No P.O. Box # 3640 SW 7th St Suite, Apt. #, etc.		3. Mailing Address 3640 SW 7th St Suite, Apt. #, etc.																									
City & State Ocala, FL		City & State Ocala, FL																									
Zip 34474	Country USA	Zip 34474	Country USA																								
4. FEI Number 20-2863389		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		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 <u><i>James Andy Keaton</i></u> DATE 4-1-08 <small>(NOTE: Registered Agent signature required when removing)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PSTD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KEATON, JAMES ANDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8390 NW 60TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA FL 34482</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	KEATON, JAMES ANDY		STREET ADDRESS	8390 NW 60TH AVE		CITY-ST-ZIP	OCALA FL 34482		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PSTD</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>James Andy Keaton</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3640 SW 7th St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ocala, FL 34474</td> <td></td> </tr> </table>		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	James Andy Keaton		STREET ADDRESS	3640 SW 7th St		CITY-ST-ZIP	Ocala, FL 34474	
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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.																											
SIGNATURE: <u><i>James Andy Keaton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04-01-08 (352) 368-5610 <small>Daytime Phone #</small>																									