

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90022 015 ***150.00

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1. Entity Name

CHRIS GERCKEN STUCCO INC



Principal Place of Business

2121 VICTORY PALM DR.
EDGEWATER FL 32141-3723

Mailing Address

2121 VICTORY PALM DR.
EDGEWATER FL 32141-3723



2. Principal Place of Business - No P.O. Box #

2121 Victory Palm

3. Mailing Address

2121 Victory Palm

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Edgewater FL

City & State

Edgewater FL

4. FEI Number

34-2045296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERCKEN, CHRIS H
2121 VICTORY PALM DR.
EDGEWATER FL 32141

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GERCKEN, CHRIS H
STREET ADDRESS 2121 VICTORY PALM DR.
CITY ST / ZIP EDGEWATER FL 32141-3723

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST / ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY ST / ZIP

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CITY ST / ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST / ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

Chris H Gercken

CHRIS H GERCKEN

2-26-07 386-314-6950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #