

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067947

FILED
Jan 04, 2006
Secretary of State

Entity Name: CUSTOM STUCCO & STONE, INC.

Current Principal Place of Business:

4818 NW 46TH AVENUE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

4818 NW 46TH AVENUE
OCALA, FL 34482

New Mailing Address:

FEI Number: 20-2805034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKSON, RYAN E
4818 NW 46TH AVENUE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARKSON, RYAN E
Address: 4818 NW 46TH AVENUE
City-St-Zip: Ocala, FL 34482

Title: VP () Delete
Name: CLARKSON, STEPHANIE A
Address: 4818 NW 46TH AVENUE
City-St-Zip: Ocala, FL 34482

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC. () Change (X) Addition
Name: GONZALEZ, DAVID E
Address: 16350 SE 105TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: TRES () Change (X) Addition
Name: CLARKSON, ROBERT E
Address: 5480 SE 22ND PLACE
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHANIE CLARKSON

V.P.

01/04/2006

Electronic Signature of Signing Officer or Director

_____ Date