

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000116221

1. Entity Name  
ELITE STUCCO & LATHE, INC.



FILED

08 MAY - 2 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-3562758

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELDON, DOUGLAS M  
6013 COUNTRY WALK LANE  
WINTERHAVEN, FL 33880

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

4/26/08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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	P	<input type="checkbox"/> Delete
NAME	SHELDON, DOUGLAS M	
STREET ADDRESS	6013 COUNTRY WALK LANE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNGBLOOD, DEWEY	
STREET ADDRESS	6013 COUNTRY WALK LANE	
CITY-ST-ZIP	WINTER HAVEN, F 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, ROBERT	
STREET ADDRESS	6013 COUNTRY WALK LANE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITT, GEORGE	
STREET ADDRESS	6013 COUNTRY WALK LANE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHELDON, MARIA	
STREET ADDRESS	6013 COUNTRY WALK LANE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400128290534
CITY-ST-ZIP	05/02/08--01003--021 **427.50
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

4/26/08

Date

Daytime Phone #

705/6