## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000122607

City-St-Zip:

DELAND, FL 32724

**FILED** Jul 07, 2008 Secretary of State

Entity Name: F & V STUCCO & PAINTING, INC. **Current Principal Place of Business: New Principal Place of Business:** 1412 WHISPERING WOODS WAY DELAND, FL 32724 **Current Mailing Address: New Mailing Address:** 1412 WHISPERING WOODS WAY DELAND, FL 32724 FEI Number: 20-3518036 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALL FLORIDA FIRM, INC VILLAFUERTE, FERNANDO 465 S VOLUSIA AV, SUITE C 1412 WHISPERING WOODS WAY ORANGE CITY, FL 32783 DELAND, FL 32724 US 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: FERNANDO VILLAFUERTE 07/07/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition VILLAFUERTE, FERNANDO Name: Name: 1422 WHISPERING WOODS WAY Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: Title: Title: () Change () Addition () Delete VILLAFUERTE, FERNANDO Name: Name: 1422 WHISPERING WOODS WAY Address: Address: DELAND, FL 32724 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition CASTILLO, JUAN V Name: Name: 1412 WHISPERING WOODS WAY Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

Ρ SIGNATURE: FERNANDO VILLAFUERTE 07/07/2008