2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90164 017 ***150.00

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02222007 Chg-P CR2E034 (12/06)

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1. Entity Name
MODESTO'S STUCCO, INC.

Principal Place of Business	Mailing Address
709 W. DERBY AVENUE AUBURNDALE, FL 33823 US	709 W. DERBY AVENUE AUBURNDALE, FL 33823 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
617 LIME ST		617 LIME ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: AUBURNDALE, FL		City & State: AUBURNDALE, FL	
Zip: 33823	Country: US	Zip: 33823	Country: US

4. FEI Number: 20-3508600 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MODESTO, VENCES
709 W. DERBY AVENUE
AUBURNDALE, FL 33823

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable)
617 LIME ST

City: AUBURNDALE FL Zip Code: 33823

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MODESTO, VENCES 709 W. DERBY AVENUE AUBURNDALE, FL 33823	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MODESTO, VENCES 617 LIME ST AUBURNDALE, FL 33823	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Date Daytime Phone #