

2007 FOR PROFIT CORPORATION ANNUAL REPORT

02-20-2007 90046 041 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02082007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000137374 1. Entity Name GABINO STUCCO INC			
Principal Place of Business 914 HWY 1792 N DAVENPORT, FL 33836 US		Mailing Address P O BOX 490 DAVENPORT, FL 33836 US	
2. Principal Place of Business - No P.O. Box # 626 - SYLVAN RAMBLE		3. Mailing Address P.O. BOX 490	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DAVENPORT		City & State DAVENPORT	
Zip 33837		Zip 33837	
Country POIK		Country POIK	
4. FEI Number 20-3601984		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMINGO, MANUEL P 914 HWY 1792 N DAVENPORT, FL 33836		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Domingo Manuel</u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MANUEL, DOMINGO P 914 HWY 1792 N DAVENPORT, FL 33836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u>Domingo Manuel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	