


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90233 020 ***158.75

DOCUMENT # P06000017634		
1. Entity Name ARAGON PLASTERING & STUCCO INC		

Principal Place of Business 24 GOLDEN GATE CIR PORT ORANGE, FL 32129	Mailing Address 24 GOLDEN GATE CIR PORT ORANGE, FL 32129
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40084657



2. Principal Place of Business - No P.O. Box # 518 Orange Ave Suite, Apt. #, etc.	3. Mailing Address 518 Orange Ave Suite, Apt. #, etc.
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04112007 Chg-P CR2E034 (12/06)

City & State Port Orange FL	City & State Port Orange FL	4. FEI Number 20-4300323	Applied For Not Applicable
Zip 32127	Country US	Zip 32127	Country US

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

6. Name and Address of Current Registered Agent ARAGON, JENNIFER M. 24 GOLDEN GATE CIR PORT ORANGE, FL 32129		7. Name and Address of New Registered Agent Name Aragon, Jennifer M. Street Address (P.O. Box Number is Not Acceptable) 518 Orange Ave City Port Orange FL Zip Code 32127	
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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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST ARAGON, JENNIFER M. 24 GOLDEN GATE CIR PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST Aragon, Jennifer M. 518 Orange Ave Port Orange FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jennifer Aragon 4-10-07 (386) 7608413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #