


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90204 016 ***150.00

DOCUMENT # P06000025631 1. Entity Name PRO PLASTERING & STUCCO OF NORTH FLA. INC.					
Principal Place of Business 1260 LOGAN ST. JACKSONVILLE, FL 32209			Mailing Address 1260 LOGAN ST. JACKSONVILLE, FL 32209		
2. Principal Place of Business - No P.O. Box # 1260 Logan St. Suite, Apt. #, etc.		3. Mailing Address 1260 Logan St. Suite, Apt. #, etc.			
City & State Jax, Fla.		City & State Jax, Fla.		4. FEI Number 16-175-0412	
Zip 32204		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYNES, LEON SR. 1260 LOGAN ST. JACKSONVILLE, FL 32209			7. Name and Address of New Registered Agent Name Leon Haynes SR. Street Address (P.O. Box Number is Not Acceptable) 1260 Logan St City Jax. FL Zip Code 32204		
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><i>Leon Haynes SR.</i></u> 4/10/07 <small>Signature, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 HAYNES, LEON SR. 1260 LOGAN ST. JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYNES, LEON JR. 1260 LOGAN ST. JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYNES, ERIC 1260 LOGAN ST. JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HAYNES, LORENA 1260 LOGAN ST. JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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><i>Leon Haynes SR.</i></u> 4/10/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					