

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90173 041 \*\*\*158.75

**DOCUMENT # P06000037825**

1. Entity Name

PALM COAST STUCCO, INC.



Principal Place of Business

4745 NW 99TH LANE  
CORAL SPRINGS FL 33076  
US

Mailing Address

4745 NW 99TH LANE  
CORAL SPRINGS FL 33076  
US



2. Principal Place of Business - No P.O. Box #

6110 NW 91 AVE

3. Mailing Address

6110 NW 91 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

PARKLAND FL

City & State

PARKLAND FL

4. FEI Number

74-3169566

Applied For

Not Applicable

Zip

33067

Country

BROWARD

Zip

33067

Country

BROWARD

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMIERI, GARY R  
4745 NW 99TH LANE  
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name GARY R. Palmieri

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

6110 NW 91 AVE

City

PARKLAND

FL

Zip Code

33067

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 GARY R. Palmieri

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/3/07

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME PALMIERI, GARY R  
STREET ADDRESS 4745 NW 99TH LANE  
CITY- ST- ZIP CORAL SPRINGS FL 33076

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6110 NW 91 AVE  
CITY- ST- ZIP PARKLAND FL 33067

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

GARY R. Palmieri

4/3/07

Date

Daytime Phone #