## FILED Apr 30, 2007 8:00 am Secretary of State 04-13-2007 90168 009 \*\*\*150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

<del></del>	ZITITOAL	REPURI							
DOCUMENT # P06000075995  1. Entity Name ROB'S DRYWALL & STUCCO INC									
Principal Place of Business Mailing Address									
10672 154TH ROAD NORTH		10672 154TH ROAD NORTH			.∮.				ากป
JUPITER, FL 33478 US		SUPITER FL 33478 US			-		22	011	<b>ያ</b> ፈ (
2. Principal P	Tace of Business - No P.O. Box #	3. Mailing Address						THE THE PERSON NAMED IN	
Suite, Apt. #, etc.		Suite, Abt. #, etc.		<del> </del>					
		}		01302007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4, FEI Numb	er	<del></del>	I.JA	plied For	
- <del></del>		ļ			20	-496685	6	Nk	t Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		8.75 Add	
<b></b>	6. Name and Address of Current	Serietared Areas		<del>7</del> -		Address - (New P		e Require	<u> </u>
<del></del>	S. Harrie and Midness Of Correct	Name	7. Name and	Address of New R	egistered Ag	jent .			
TOGNACCI, ROBERT P									
	TH ROAD NORTH		Street Address			er is Not Acceptable	)		
JUPITER,	FL 33478	<b></b>							
<u>'</u> ;				<u> </u>		<del></del>			
	•			City			FL	Zip Cod	ŧ
8. The above named entity submits this statement for the purpose of changing its registere					gistered agent, or bo	th, in the State of Flo	rida. I am fa	miliar with,	and accept
the obligations of registered agent.									
SIGNATURE									
Software, lythod or printed makes all regulated against and size is expeciable (HOTE Flag served Agent approduce included when revisitions) DATE									
		A. Election Commu	_: P=:		45.00				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa  Trust Fund Con		ncing 🖂	\$5.00 May Be Added to Fees				
AILOI III	<u> </u>	<u> </u>				l			
16,	OFFICERS AND		11,		ADDITIONS	CHANGES TO OFFI	CERS AND D	HECTOR	S IN 11
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STREET ADORESS	TOGNACCI, ROBERT P 10672 154TH ROAD NORTH		NAM	ET ADODRESS					
CITY-SI-ZIP	JUPITER, FL 33478			-SI-209					
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NAME	}	<b>□</b> 50410	NAM						_,
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City-St-71P	<u> </u>		CITY	- 51-270					
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STREET ADDRESS	ł		<b>M</b>	ET ADDRESS - S1-ZIP					
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CIY-SI-ZE	(			-SI-20P					
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STREET ADDRESS	)			ET ADDRESS					
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STREET ADDRESS	{			ET ADORESS					
CITY-ST-ZIP	<u> </u>			- ST-ZIP					
12. Thereby certify that the information supplied with this filling does not quality 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 it 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.									
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SIGNAT	TURE: De Ma	100			جود	715101	76/-	<u> </u>	700