


FILED

09 FEB 10 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000101000				09 FEB 10 AM 9:55	
1. Entity Name MCCOY STUCCO INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5470 EAST BUSCH BLVD #453 TAMPA, FL 33617		Mailing Address 5470 EAST BUSCH BLVD #453 TAMPA, FL 33617			
2. Principal Place of Business - No P.O. Box # 6510 Warren Byrd Ln. Suite, Apt. #, etc. Plant City FL City & State 33565 Hillsborough Zip Country USA		3. Mailing Address 6510 Warren Byrd Ln. Suite, Apt. #, etc. Plant City FL City & State 33565 Hillsborough Co. Zip Country USA		01232009 REIN-P CR2E098 (1/07)	
4. FEI Number 16-1768706		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIAN, MCCOY 6510 WARREN BYRD LANE PLANT CITY, FL 33565		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
P MCCOY, BRIAN E 6510 WARREN BYRD LANE PLANT CITY, FL 33565		Norbert G Nissen 6510 Warren Byrd Ln. Plant City FL 33565			
VP MCCOY, LAURA N 6510 WARREN BYRD LANE PLANT CITY, FL 33565		700143303547 02/10/09--01044--010 ***300.00			
ST MCCOY, CARL E 6510 WARREN BYRD LANE PLANT CITY, FL 33565					
REINSTATEMENT RH					
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: Brian E McCoy		2-4-09 913-986 1356			