
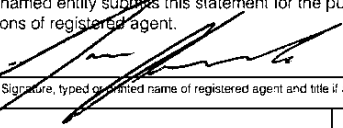


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90059 030 \*\*\*150.00

<b>DOCUMENT # P06000108055</b> 1. Entity Name <b>SAM'S STUCCO LATH PLASTERING, INC.</b>					
Principal Place of Business <b>2501 STRATFORD DRIVE COCOA, FL 32926</b>			Mailing Address <b>2501 STRATFORD DRIVE COCOA, FL 32926</b>		
2. Principal Place of Business - No P.O. Box # <b>2845 King Street Suite, Apt. #, etc. #13112</b>		3. Mailing Address <b>2501 Stratford Drive Suite, Apt. #, etc.</b>			
City & State <b>Cocoa, FL</b>		City & State <b>Cocoa, FL</b>		4. FEI Number <b>20-5413392</b>	
Zip <b>32926</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUEVEDO, CLYDE S 2501 STRATFORD DRIVE COCOA, FL 32926</b>			7. Name and Address of New Registered Agent Name <b>Quevedo, Clyde S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2501 Stratford Drive</b> City <b>Cocoa</b> <b>FL</b> Zip Code <b>32926</b>		
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  DATE <b>2/24/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES QUEVEDO, CLYDE S 2501 STRATFORD DRIVE COCOA, FL 32926	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PURVIS, CHASITIE 2501 STRATFORD DRIVE COCOA, FL 32926	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Quevedo, Chasitie 2501 Stratford Drive Cocoa, FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Quevedo, Chasitie 2501 Stratford Drive Cocoa, FL 32926	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Quevedo, Chasitie 2501 Stratford Drive Cocoa, FL 32926	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Quevedo, Chasitie 2501 Stratford Drive Cocoa, FL 32926	<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: <b>Chasitie S. Quevedo</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/24/07</b> Daytime Phone # <b>(321) 480 4789</b>			