2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AN
Secretary of State

ANNUAL REPORT					May 02, 2008 08:0			
DOCUMENT # P06000115183 1. Entity Name SPEEDY EADDY PLASTERING AND FINISHING, INC.					\$	Secretary of St		
Principal Place	e of Business	Mailing Address						
770 CLEARLI UNIT 104	AKE ROAD	PO BOX 3528 COCOA, FL 32924						
COCOA, FL 3	32922	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
		NTUCOPA	∧=	04302008	No Chg-P			
	O NOT WRITE I	N I HIJ SPA		4. FEI Number 20-543	6606	Applied For Not Applicable \$8.75 Additional		
				5. Certificate	of Status Desired	Fee Required		
	6. Name and Address of Current Reg	stered Agent						
EADDY, G 770 CLEAI UNIT 104 COCOA, F	RLAKE ROAD				NOT W			
COCOA, I	L 32322							
	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flor	rida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and in	le if applicable. (NOTE: Register	ed Agent signature required	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees				
10.	OFFICERS AND DIR	CTORS	41.11	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F4. F12.13			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EADDY, GORDON 770 CLEARLAKE ROAD UNIT 104 COCOA, FL 32922					10944295		
TITLE NAME	COCOA, 1 E 32822				1,05729708	9-80091-025 iso.oo		
CITY-ST-ZIP			* * * * * * * * * * * * * * * * * * *					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE		
TITLE NAME								

12. Thereby certify that the information supplied with this filling 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: ᠫ

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIRNING OFFICER OR DIRECTOR

04/30/08

Daytime Phone #