## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000116393

Entity Name: KENAI STUCCO, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

864 CONREID DR., NE 1210 MOHAWK DR.

PORT CHARLOTTÉ, FL 33952 PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

P. O. BOX 494437

PORT CHARLOTTE, FL 33949

FEI Number: 20-5565116 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARTT, JOHN

864 CONREID DR., NE

HARTT, JOHN
1210 MOHAWK DR.

PORT CHARLOTTE, FL 33952 US PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE: 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: HARTT, JOHN Name: HARTT, JOHN

Address: 864 CONREID DR., NE Address: 864 CONREID DR., NE

City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 MILLER, ALAN B
 Name:
 HARTT, JUDITH D

 Address:
 2700 LEE ST.
 Address:
 1210 MOHAWK DR.

City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MILLER, JEFFREY S
 Name:

 Address:
 1206 SLASH PINE CIRCLE
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:

Title: STD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HARTT, JUDITH D
 Name:

 Address:
 864 CONREID DR., NE
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH D. HARTT STD 04/30/2007