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## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

GOLD COAST STUCCO, INC.  SECHE LARY OF STATE TALL AHASSI E, FEORIDA	
Principal Place of Business Mailing Address 701 E OCEAN BLVD 701 E OCEAN BLVD 40123051	
701 E OCEAN BLVD 701 E OCEAN BLVD QUILCUIT STUART, FL 34994 STUART, FL 34994	
	ri 14 B t
2. Principal Place of Business - No P.O. Box # 3. Mailing Address	
Suite, Apt. #, etc. Suite, Apt. #, etc. 06112007 Chg-P CR2E034 (12/06)	<u>07</u>
City & State	d For policable
Zip Country Zip Country 5. Certificate of Status Desired 5. See Required	a) la
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
NORMAN, KENNETH A	
2400 SE FEDERAL HIGHWAY FOURTH FLOOR  Street Address (P.O. Box Number is Not Acceptable)	
STUART, FL 34994	
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.	į
SIGNATURE Signature, typed or printed name of registered agent and olde if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	_
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S	the
Due by September 14, 2007 Trust Fund Contribution.	ė
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11
	Addition
NAME LUCIDO, ROBERT A STREET ADDRESS 701 E OCEAN BLVD STREET ADDRESS	
CITY-SI-DP STUART, FL 34994 CITY-SI-DP	
	Addition
NAME REILLY, DENNIS L JR STREET ADDRESS 701 E OCEAN BLVD STREET ADDRESS	
CIY-SI-ZIF STUART, FL 34994 CIY-SI-ZIP	
TITLE Oeleic TITLE Change (	Addition
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Change C	1 Addition
STREET ADDRESS STREET ADDRESS	ļ
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Change C	Addition 1
STREET ADDRESS STREET ADDRESS	
CITY-SI-ZIP CITY-SI-ZIP	Taggica.
NAME NAME	_ Addition
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
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 or this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or to 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 Bk changed, or on an attachment with an adverses, with all other like empowered.	director
SIGNATURE: WALKEL 6/12/07	