## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P06000123696

1. Entity Name

VICTORY PLASTERING INCORPORATED



Apr 25, 2008 08:00 AN Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

4765 N.W. 1ST STREET PLANTATION, FL 33317

4765 N.W. 1ST STREET PLANTATION, FL 33317



04012008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-5610929 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENNIS, VICTOR 4765 N.W. 1ST STREET PLANTATION, FL 33317

## DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33317			IN THIS SPACE		
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<ol><li>Etection Campaign Financ Trust Fund Contribution.</li></ol>	ing 🔲	\$5.00 May Be Added to Fees	
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P DENNIS, VICTOR 4765 NW 1ST STREET PLANTATION, FL 33317 S	TORS		U00000922730 05/16/08-80002-012 150.00	
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	KALAISHA, DENNIS 4765 NW 1ST STREET PLANTATION, FL 33317			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2008

Daytime Phone #