

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000090420



1. Entity Name
SUNCOUNTRY PLASTERING, INC

Principal Place of Business
**2618 CAROL PLACE
LEHIGH ACRES, FL 33971**

Mailing Address
**2618 CAROL PLACE
LEHIGH ACRES, FL 33971**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**CRAWFORD, GEORGE M
2618 CAROL PLACE
LEHIGH ACRES, FL 33971**

4611100
4. FEI Number
26-0659275 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CRAWFORD, GEORGE M 2618 CAROL PLACE LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GARRETSON, CHARLES C 2618 CAROL PLACE LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *George M. Crawford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-8 239848-2636

Date

Daytime Phone #

ATTACHMENT

40111990

P07000090420
Suncountry Plastering, Inc.
2618 Carol Place
Lehigh Acres, Florida 33971
239-848-2636

June 10, 2008

Florida Department of Revenue
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Gentlemen:

Enclosed is my 2008 Annual Report that was due May 1, 2008.

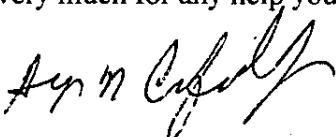
I missed the deadline because I have been very distraught over the construction slow down as well as having to collect money from the contractors I work for as well as trying to find enough new work to stay in business and pay my bill.

This situation has taken a toll on my health to the point that I have been under A Doctors care.

I'm sorry I missed the dead line but please forgive the penalty and I promise to get on schedule this next year.

Thank you very much for any help you can give me.

Sincerely,



George W. Crawford

George W. Crawford
President