

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000042680

FILED
May 01, 2009
Secretary of State

Entity Name: CARLTON BROWN PLASTERING & STUCCO, INC.

Current Principal Place of Business:

2021 NW 29TH AVENUE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2021 NW 29TH AVENUE
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0414500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, CARLTON
2021 N.W. 29 AVE.
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BROWN, CARLTON L
Address: 2021 NW 29TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S () Delete
Name: BROWN, VALERIE L
Address: 6361 N FALLS CIRCLE DRIVE 3-202
City-St-Zip: LAUDERHILL, FL 33319

Title: DPTC () Delete
Name: BROWN, CARLTON
Address: 2021 NW 29 AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: PPTC () Delete
Name: BROWN, CARLTON L
Address: 2021 NW 29 AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: V () Delete
Name: CAMPBELL, GEORGE
Address: 2021 NW 29TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CARLTON BROWN

DPT

05/01/2009

Electronic Signature of Signing Officer or Director

Date