## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000065193

FILED Mar 18, 2009 Secretary of State

Entity Name: SOUTHERN STYLE PLASTERING & STUCCO, INC.

urrent P	rincipai Plac	e of Business:	New Principal Place o	or business:
	/ 234TH ST A, FL 32615	US		
urrent Mailing Address:		ss:	New Mailing Address:	
O BOX <sup>^</sup> _ACHUA	1886 A, FL 3261588	6 US	P O BOX 1886 ALACHUA, FL 32616	US
l Number	: 59-3209496	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
ie above	A, FL 32615 e named entity e of Florida.	US submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
ne above the State	e named entity e of Florida. RE:	submits this statement for the p		office or registered agent, or both,
ne above the State GNATUI	e named entity e of Florida. RE: Electro	submits this statement for the particles of Registered Against Signature Of Registered Against		office or registered agent, or both,  Date
ne above the State GNATUI ection Cal	e named entity e of Florida. RE: Electro	submits this statement for the particles of Registered Age of the following Trust Fund Contribution ( ).	ent	
ne above the State GNATUI ection Cal	e named entity e of Florida.  RE:  Electro  mpaign Financir  S AND DIREC  P (  MOSER, JEFF 11904 NW 234  ALACHUA, FL	submits this statement for the particles of Registered Age of Trust Fund Contribution ( ).  CTORS:  ) Delete REY A  HTH ST	ADDITIONS/CHANGE Title: ( Name: Address: City-St-Zip:	Date
ne above the State GNATUI ection Care e: me: dress: y-St-Zip:	e named entity e of Florida.  RE:  Electro  mpaign Financir  S AND DIREC  P (  MOSER, JEFF 11904 NW 234  ALACHUA, FL	submits this statement for the prince Signature of Registered Age of Trust Fund Contribution ( ).  CTORS:  ) Delete REY A  AUTH ST  32615  ) Delete ES  N/A	ADDITIONS/CHANGE Title: ( Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTOR ( ) Change ( ) Addition

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: JEFFERY A. MOSER PRES 03/18/2009