

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90029 022 ***150.00

DOCUMENT # P93000073244

1. Entity Name

D. B. STUCCO, INC.



Principal Place of Business

1135 BAYSHORE ROAD
NOKOMIS FL 34275
US

Mailing Address

P O BOX 599
NOKOMIS FL 34274
US

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

1437 Hudson Rd
Suite, Apt. #, etc.

3. Mailing Address

1437 Hudson Rd
Suite, Apt. #, etc.

City & State

Venice Florida

City & State

Venice Florida

Zip

34293

Country

Sarasota

Zip

34293

Country

Sarasota

6. Name and Address of Current Registered Agent

HANCOCK, EDITH



Edith R. Hancock
1437 Hudson Rd.
Venice, FL 34293

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

4. FEI Number

65-0444696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME HANCOCK, EDITH
STREET ADDRESS 146 TULANE ROAD
CITY ST-ZIP VENICE FL 34293 ☐ Delete

TITLE V
NAME HANCOCK, WILLIAM J JR
STREET ADDRESS 146 TULANE ROAD
CITY ST-ZIP VENICE FL 34293 ☐ Delete

TITLE V
NAME HANCOCK, DARRELL
STREET ADDRESS 146 TULANE ROAD
CITY ST-ZIP VENICE FL 34293 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Edith Hancock Edith HANCOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-07 941-492-9018

Date

Daytime Phone #