2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000006136  1. Entity Name STUCCO JOHN INC.  Principal Place of Business  150 LYNN DR SANTA ROSA BEACH FL 32459 US  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Aug 29, 2005 08:00 AM Secretary of State  Aug 29, 2005 08:00 AM Secretary of State  Aug 29, 2005 08:00 AM Secretary of State  Secretary of State  Aug 29, 2005 08:00 AM Secretary of State  Aug 29, 2005 08:00 AM Secretary of State  Aug 29, 2005 08:00 AM Secretary of State		ANNUALI	KEPC	KI (AR)		FILED
Principal Place of Business	1. Entity Name					Aug 29, 2005 08:00 AM
SSUPVIN DR SANTA ROSA BEACH FL \$2459  2. Principal Place of Business  Subs. Apr. 4, etc.  Subs. Apr. 4, et	STUCCO	JOHN INC.				Secretary of State
SANTA ROSA BEACH FL. \$2459  2. Principal Place of Business  Sullos, Apt. 4, etc.  Chy S. State  S. Certificate of States Desired  S. S. Certificate of States Desired Agent  Name  States Address of Now Registered Agent  Chy FL 2ip Code  Chy FL 2ip Code  Chy FL 2ip Code  Chy S. FL 2ip Code  Chy S. FL 2ip Code  Chy S. States  Chy FL 2ip Code  S. States Address of Now Registered Agent  Chy S. States States of Now Acceptable)  S. States Address of Now Registered Agent  Chy S. States States of Now Acceptable)  Chy FL 2ip Code  Chy S. States States of Now Acceptable  Chy S. States States of Now Acceptable  S. States Address of Now Registered Agent  Chy S. States States of Now Acceptable  S. States Address of Now Acceptable  S. States Addr	Principal Plac	ce of Business =	_Mailir	ng Address		<del></del>
2. Principal Place of Business	150 LYNN DR SANTA ROSA BEACH FL 32459		150 LYNN DR SANTA ROSA BEACH FL 32459			
Sulfis, Apt. P. etc.  Sulfis, Apt. P. etc.  City & State  S. Cetificate of State Desired  S. Cetificate of State Desired  S. Cetificate of State Desired  See Registered Agent  VILLAREAL, JOHN  490 FOUR MILE ROAD  FREEPORT FL 32439  City  FL Zip Code  a. This above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Jierri familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWING TEEL S 150,000  Make Check Payable to Florida Department of State  Signature  9. Seption Company Franching  SS-00 May Be Added to Foce  11. ADDITION STATE TO STAT	2 Pancinal S	Place of Rusinoss	2 140	ilina Addrasa	<del></del>	
City & State    Country	z, riiiicipair	race of business	5. Maning Address			
Second   S	Suite, Apt. #, etc.		Suite, Apt, #, etc.			1st MOORE CR2E034 (10/04)
County	City & State		City & State		<u>,                                      </u>	E0 2219016
VILLAREAL, JOHN 490 FOUR MILE ROAD FREEPORT FL 32439   City   FL   Zip Code	Zip	Country	Zip Country		Country	5. Certificate of Status Desired S8.75 Additional
VILLAREAL JOHN 490 POUR MILE ROAD FREEPORT FL 32439  8. The above named entity submits this statement for the purpose of changing its registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Si		6. Name and Address of Curre	nt Register	ed Agent		
490 FOUR MILE ROAD PREPORT FL 32439  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its 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	.,,,	ABEAL IOTAL	_		Name	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registored agent.  SIGNATURE  SIGNATURE  Sopular, typical or britised agent and the "assircation has been agent agent and the "assircation has been agent and the "assircation has added to Pear and the "assircation has been agent and the "assircation has added to Pear and the "assircation has been agent and the "assircation has added to Pear and the Table Has added to Pear and the	490	FOUR MILE ROAD			Street Addre	ess (P.O. Box Number is Not Acceptable)
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. Tem familiar with, and accept the obligations of registered agent.    Signature					City	FL Zip Code
FILE NOW!!! FEE IS \$150.00   After May 1, 2005 Fee Will Be \$550.00   Make Check Payable to Florida Department of State			for the purp	ose of changing its re	egistered office or reg	
FILE NOW!!! FEE IS \$150.00   After May 1, 2005 Fee Will Be \$550.00   Make Check Payable to Florida Department of State   10.	the obliga	tions of registered agent.			-	·
### After May 1, 2005 Fee Will Be \$55.0.0   Make Check Payable to Florida Department of State   ### Addition Process	SIGNATURE	Signature, typed or printed name of registered age	ent and little if app	dicable /NOTE F	Registered Agent signature re	equired when reinstains) DATE
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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.		certify that the information supplied w	ith this filina	does not qualify for th		in Section 119.07(3)(i), Florida Statutes, I further certify that the information
	indicated of the cor changed	l on this report or supplemental report reporation or the receiver or trustee em or on an attachment with an address	t is true and powered to be with all oth	accurate and that my execute this report as er like empowered	signature shall have required by Chapter	the same legal effect as if made under oath, that I am an officer or director r 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

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Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: