

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

02-07-2005 90056 043 ***150.00

DOCUMENT # P94000010341 1. Entity Name APACHE STUCCO, INC.			
Principal Place of Business 215 PINEDA STREET #153 LONGWOOD, FL 32750		Mailing Address POST OFFICE BOX 952435 LAKE MARY, FL 32795-2435	
2. Principal Place of Business 254 S. Ronald Reagan Blvd. Suite, Apt. #, etc. Suite 122 City & State Longwood		3. Mailing Address Suite, Apt. #, etc. City & State Zip 32750 Seminole	
4. FEI Number 59-3224848		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02032005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LAMBERT, LINDA 463 STILL FOREST TER SANFORD, FL-32771		7. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 D LAMBERT, RONALD C 463 STILL FOREST TER SANFORD, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LAMBERT, LINDA J 463 STILL FOREST TER SANFORD, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GILMORE, DAVID E 451 CIDER MILL PLACE LAKE MARY, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 recorder 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 authority like empowered.			
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR Linda Lambert	
2/3/05		407-339-0050	