



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000054950</b> 1. Entity Name W. W. PLASTERING, INCORPORATED			
Principal Place of Business 1116 HIGHWAY 17 NORTH BOSTWICK, FL 32007		Mailing Address P.O. BOX 21 BOSTWICK, FL 32007	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01062004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3270042	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  WILLIAM, JOHN 1116 HWY 17 NORTH BOSTWICK, FL 32007		<b>DO NOT WRITE IN THIS SPACE</b>	
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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U00000010643 01/23/04-80006-001 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT WILLIAMS, JOHN M 1116 HIGHWAY 17 NORTH BOSTWICK, FL 32007		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WILLIAMS, KARL L 136 TAYLOR ROAD PALATKA, FL 32177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MULLIS, DAVID R 119 KANE ROAD RT 3 BOX 274A EAST PALATKA, FL 32131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 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: <u>John M. Williams</u>		Date: <u>1-6-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	