


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90033 022 ***150.00

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| DOCUMENT # P94000060189 |  |
| 1. Entity Name MONARCH STUCCO & STONE, INC. | |

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| Principal Place of Business 9740 ARROW DRIVE NEW PORT RICHEY, FL 34654 | Mailing Address 9740 ARROW DRIVE NEW PORT RICHEY, FL 34654 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
| Zip | Country |



01052006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3265789 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WISNIEWSKI, JOSEPH 9740 ARROW DRIVE NEW PORT RICHEY, FL 34654 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------------------------|------|-----------------------------|--|----------------|-------------------------|--|-------------|----------------------------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WISNIEWSKI, JOSEPH A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9740 ARROW DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW PORT RICHEY, FL 34654</td> <td></td> </tr> </table> | TITLE | P | <input type="checkbox"/> Delete | NAME | WISNIEWSKI, JOSEPH A | | STREET ADDRESS | 9740 ARROW DRIVE | | CITY-ST-ZIP | NEW PORT RICHEY, FL 34654 | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Joseph A. Wisniewski</u> | Date: <u>1/27/06</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |