

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P94000062354

1. Entity Name

MONUMENT STUCCO COMPANY, INC.



**FILED  
Aug 19, 2004 8:00 am  
Secretary of State**

08-05-2004 90005 007 \*\*\*150.00

00436643



MOORE CR2E034 (4/04)

Principal Place of Business 116 CANAL STREET NEW SMYRNA BEACH FL 32168	Mailing Address P.O. BOX 2227 NEW SMYRNA BEACH FL 32170		
2. Principal Place of Business 3105 SAXON DR.	3. Mailing Address — Above —		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State NSB FL	City & State		
Zip 32169	Country US	Zip	Country
6. Name and Address of Current Registered Agent BOWEN, BRADLEY D 116 CANAL STREET NEW SMYRNA BEACH FL 32168 3105 SAXON DR. 32169 New Smyrna Beach, FL			
7. Name and Address of New Registered Agent Name Bower, Bradley P Street Address (P.O. Box Number is Not Acceptable) P.O. Box 2227 (mail only goes to Bower, Bradley P, NSB, FL 32169)			

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 renewing)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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	DPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, BRADLEY D		NAME	
STREET ADDRESS	P O BOX 2227		STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/04 (380) 451-5555

Date

Daytime Phone #

Attachment  
Dr. # PSY000062354



**Monument Stucco, Inc.**  
P.O. BOX 2227  
New Smyrna Beach, FL 32170  
(386) 428-5558 Fax (386) 428-5123

66432249

7/28/04

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**TO: PAYABLES DEPARTMENT**

**RE:ANNUAL REPORT FEE**

**PLEASE CONSIDER THIS \$150.00 AS PAYMENT. AS A RESULT OF  
OUR CHANGE OF ADDRESS WE DID NOT RECEIVE PRIOR  
NOTICE. THANK-YOU.**

**BRAD BOWEN**

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