


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

08-05-2004 90005 007 ***150.00

DOCUMENT # P94000062354	
1. Entity Name MONUMENT STUCCO COMPANY, INC.	

Principal Place of Business 116 CANAL STREET NEW SMYRNA BEACH FL 32168	Mailing Address P.O. BOX 2227 NEW SMYRNA BEACH FL 32170
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00434443



MOORE CR2E034 (4/04)

2. Principal Place of Business 3105 SAXON DR. Suite, Apt. #, etc.	3. Mailing Address - Above - Suite, Apt. #, etc.
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City & State NSB FL	City & State	4. FEI Number 59-3270086	Applied For <input type="checkbox"/> Not Applicable
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: Bowen, Bradley D Street Address (P.O. Box Number is Not Acceptable): P.O. Box 2227 (mail only ges) City: NSB FL Zip Code: 32170
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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

Date

Daytime Phone #

07/30/04 (380) 451-5555

Attachment
Doc # 094000062354



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

66432249

7/28/04

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
