


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90008 039 \*\*\*150.00

<b>DOCUMENT # P94000063293</b>	
1. Entity Name JEFF ENGLISH PLASTERING, INC.	

Principal Place of Business 420 ZONAL COURT PALM COAST, FL 32164 US	<i>address change</i>	Mailing Address 420 ZONAL COURT PALM COAST, FL 32164 US
---	-----------------------	---

94039611



03042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0528973	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GUNTARP, PAUL M JR 185 CPYRESS POINT PKWY ZSUITE 6 PALM COAST, FL 32137
---

<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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLISH, JEFF 20 ZONAL COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ENGLISH, CAROL 20 ZONAL COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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:** *Carol D. English, Vice President* **3/22/04** *(386) 337-0135*  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #