

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000063293

1. Entity Name
JEFF ENGLISH PLASTERING, INC.



Principal Place of Business Mailing Address
~~20 ZONAL COURT~~ 3 Woodsicle Dr. ~~20 ZONAL COURT~~ 3 Woodsicle Dr.
PALM COAST, FL 32164 US PALM COAST, FL 32164 US

2. Principal Place of Business 3 Woodsicle Dr. Suite, Apt. #, etc. Palm Coast, FL City & State	3. Mailing Address 3 Woodsicle Dr. Suite, Apt. #, etc. Palm Coast, FL City & State		
Zip 32164	Country US	Zip 32164	Country
6. Name and Address of Current Registered Agent GUNTHARP, PAUL M JR 185 CPYRESS POINT PKWY ZSUITE 6 PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLISH, JEFF 20 ZONAL COURT PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ENGLISH, CAROL 20 ZONAL COURT PALM COAST, FL 32137	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		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: *Carol English* Carol English
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05 (386)246-3545
Date Daytime Phone #