

2005 FORT PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P94000073192

1. Entity Name  
K & C STUCCO, INC.



**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
10850 NAVAJO DR  
NEW PORT RICHEY, FL 34654 US

Mailing Address  
POST OFFICE BOX 1161  
ELFERS, FL 34680



**DO NOT WRITE IN THIS SPACE**

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3290176 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LASCH, KATHLEEN  
10850 NAVAJO DR  
NEW PORT RICHEY, FL 34654

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LASCH, KATHLEEN  
STREET ADDRESS 10850 NAVAJO DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE V  
NAME HOBBS, CHARLES E  
STREET ADDRESS 10850 NAVAJO DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Kathleen Lasch President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-05

727-815-0708

Date

Daytime Phone #