2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000073319

1. Entity Name
STUCCO SYSTEMS, INC.

Principal Place of Business	Mailing Address
58 NE 749TH ST.	58 NE 749TH ST.
OLD TOWN, FL 32680 US	OLD TOWN, FL 32680 US

DO NOT WRITE IN THIS SPACE

01172005   No Chg-*P*   CR2E034 (10/03)

4. FEI Number	Applied For
65-0534820	Not Applicable

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

6. Name and Address of Current Registered Agent

MESSANA, STEVEN H
58 NE 749TH ST.
OLD TOWN, FL 32680

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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 $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MESSANA, STEVEN H
STREET ADDRESS	PO BOX 3275
CITY-ST-ZIP	SPRING HILL, FL 34611325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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01/24/05-80025-018 150.00

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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: _Steven H. Messana_   _STEVEN H. MESSANA_   1/17/05   (352) 542-0604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #