2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P94000093181 1. Entity Name 04-12-2004 90271 039 \*\*\*150.00 BUCHANON AND SON PLASTERING, INC. Mailing Address Principal Place of Business 8102 BAYARD ROAD 8102 BAYARD ROAD FORT PIERCE FL 34951 FORT PIERCE FL 34951 2. Principal Place of Business 3. Mailing Address 2020 Old Dixie 2020 Old Suite, Apt. #, etc CR2E034 (11/03) MOORE Suite #8 Applied For City & State 4. FEI Number 65-0551784 1050 vero Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32<u>96</u>2 US A Fee Required *3*2967 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUCHANON, GREGG 8102 BAYARD ROAD Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 34951 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE TITLE Change Delete BUCHANON, GREGGORY A NAME NAME STREET ADDRESS 8102 BAYARD ROAD STREET ADDRESS FORT PIERCE FL 34951 CITY-ST-7IP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ☐ Addition BUCHANON, THOMAS M NAME NAME 6309 DELEON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34951 CITY-ST-ZIP TITLE - Delete TITLE - 🔲 Change Addition NAME BUCHANON, SUSAN L STREET ADDRESS STREET ADDRESS 8102 BAYARD RD CITY-ST-ZIP FORT PIERCE FL 34951 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BUCHANON, DONNA L NAME NAME 6309 DELEON AVE STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34951 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED