2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90033 013 ***150.00

DOCUMENT # P95000010004

1. Entity Name
T & R STUCCO, INC.

40042338

Principal Place of Business	Mailing Address
11246 DISTRIBUTION AVE E JACKSONVILLE, FL 32257	11246 DISTRIBUTION AVE E JACKSONVILLE, FL 32257

01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
11369 TRADE COURT		11369 TRADE Court	
Suite, Apt. #, etc.: Suite 1		Suite, Apt. #, etc.: suite 1	
City & State: Jacksonville FL		City & State: JACKSONVILLE FL	
Zip: 32256	Country: DUVAL	Zip: 32256	Country: DUVAL

4. FEI Number: 59-3314237 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TEMS, RAYMOND G 11246 DISTRIBUTION AVE. E SUITE 6 JACKSONVILLE, FL 32257	Name: Street Address (P.O. Box Number is Not Acceptable): 11369 TRADE COURT Suite 1 City: Jacksonville FL Zip Code: 32256

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: Raymond A [signature] 3-24-05
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEMS, RAYMOND G 11246 E. DISTRIBUTION AVE, SUITE 6 JACKSONVILLE, FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11369 TRADE COURT Suite 1 Jacksonville FL 32256	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEMS, RAYMOND G 11246 DISTRIBUTION AVE. E JACKSONVILLE, FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11369 TRADE Court Suite 1 Jacksonville FL 32256	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Raymond A [signature] 3-24-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #