

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90001 004 ***150.00

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02212007 Chg-P CR2E034 (12/06)

DOCUMENT # P95000074591 1. Entity Name PREFERRED PLASTERING, INC.					
Principal Place of Business 5489 ATLANTIC VIEW SAINT AUGUSTINE, FL 32080 US			Mailing Address 5489 ATLANTIC VIEW SAINT AUGUSTINE, FL 32080 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3335081	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JEPSON, BRENDA 6683 CRILL AVE PALATKA, FL 32177				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file it applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOXTHEIMER, PAUL	NAME	5489 Atlantic View		
STREET ADDRESS	329 ROYAL CARIBBEAN CT	STREET ADDRESS	St. Augustine, FL 32080		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	CITY-ST-ZIP	St. Augustine, FL 32080		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOXTHEIMER, DIANA	NAME	5489 Atlantic View		
STREET ADDRESS	329 ROYAL CARIBBEAN CT	STREET ADDRESS	St. Augustine, FL 32080		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	CITY-ST-ZIP	St. Augustine, FL 32080		
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CITY-ST-ZIP		CITY-ST-ZIP			
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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 exemptions contained in Chapter 119, 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: <u>X P</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					