



FILED
Mar 10, 2008 8:00 am
Secretary of State

01-25-2008 90034 011 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JEPSON, BRENDA 6683 CRILL AVE PALATKA, FL 32177		66003074 
		01132008 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3335081		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DO NOT WRITE IN THIS SPACE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOXTHEIMER, PAUL 5489 ATLANTIC VIEW SAINT AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOXTHEIMER, DIANA 5489 ATLANTIC VIEW SAINT AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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><i>Paul Yoxtheimer</i></u> 3-4-08 (801) 545-4007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		