

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Apr 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000078583

1. Entity Name

LUNSFORD PLASTERING, INC.



Principal Place of Business

4419 N.E. 10TH AVE.
OAKLAND PARK FL 33334

Mailing Address

4419 N.E. 10TH AVE.
OAKLAND PARK FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 65-0614396

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

LUNSFORD, RON E
4419 N.E. 10 AVE.
OAKLAND PARK FL 33334

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LUNSFORD, RON E
STREET ADDRESS 4419 N.E. 10TH AVE.
CITY-ST-ZIP OAKLAND PARK FL 33334

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

U00000317495
04/20/05-80021-004 150.00

TITLE VD
NAME HAYWOOD, GARY A
STREET ADDRESS 4419 N.E. 10TH AVE.
CITY-ST-ZIP OAKLAND PARK FL 33334

☐ Delete

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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)(f), 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:

Ron E Lunsford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 # 954-772-3030
Date Daytime Phone #