

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90029 028 \*\*\*150.00



**DOCUMENT # P96000022260**  
 1. Entity Name  
**SOUTHERN STUCCO INC.**

Principal Place of Business: **1100 SOUTHWIND AUBURNDALE FL 33823**  
 Mailing Address: **211 COLLEGE GROVE CIR NE WINTER HAVEN FL 33881**



2. Principal Place of Business: Suite, Apt. #, etc. **211 College Grove Circle**  
 City & State: **WINTER HAVEN, FL.**  
 Zip: **33881** Country: **Polk**

3. Mailing Address: Suite, Apt. #, etc.  
 City & State: **1st MOORE CR2E034 (10/05)**  
 4. FEI Number: **59-3364885** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WADE, JAMES H JR.**  
**1100 SOUTHWIND**  
**AUBURNDALE FL 33823**

7. Name and Address of New Registered Agent  
 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]*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WADE, JAMES H JR.</b>	
STREET ADDRESS	<b>1100 SOUTHWIND DRIVE</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WADE, TONI G</b>	
STREET ADDRESS	<b>1100 SOUTHWIND DRIVE</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES H. WADE, JR.</b>	
STREET ADDRESS	<b>211 COLLEGE GROVE CIR. NE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN, FL. 33881</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Toni G. WADE</b>	
STREET ADDRESS	<b>211 COLLEGE GROVE CIR. NE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN, FL. 33881</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *[Signature]* **1/29/06 (863)291-6464**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #