

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000023383

Entity Name: C. L. BEACHY STUCCO, INC.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

5178 ROCKING HORSE LANE
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

5178 ROCKING HORSE LANE
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 65-0650969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEACHY, NANCY
5178 ROCKING HORSE LANE
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VST () Delete
Name: BEACHY, NANCY
Address: 5178 ROCKING HORSE LANE
City-St-Zip: SARASOTA, FL 34241

Title: PD () Delete
Name: BEACHY, CLIFFORD L
Address: 5178 ROCKING HORSE LANE
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BEACHY, CLIFFORD L
Address: 5178 ROCKING HORSE LANE
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY BEACHY

VST

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date