

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91048 045 \*\*\*158.75

**DOCUMENT # P96000056076**

1. Entity Name

ROYAL PALM BEACH PLASTERING, INC.



Principal Place of Business

258 LA MANCHA AVE  
WEST PALM BEACH FL 33411

Mailing Address

258 LA MANCHA AVE  
WEST PALM BEACH FL 33411

2. Principal Place of Business

2770 Misty Oaks Circle

Suite, Apt. #, etc.

3. Mailing Address

2770 Misty Oaks Circle

Suite, Apt. #, etc.

City & State

Royal Palm Beach FLA

City & State

Royal Palm Beach FLA.

Zip

33411

Country

USA

Zip

33411

Country

USA

4. FEI Number

65-0685057

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEONARDO, DAVID A  
258 LA MANCHA AVE  
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

SAME

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

*David A. Leonardo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
LEONARDO, DAVID A  
258 LA MANCHA AVE  
WEST PALM BEACH FL 33411

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
DAVID A. LEONARDO  
2770 MISTY OAKS CIRCLE  
ROYAL PALM BEACH FL 33411

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*David A. Leonardo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

Daytime Phone #

961-784-5553