


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000056126	
1. Entry Name ALL FLORIDA PLASTERING, INC.	

Principal Place of Business 116 TAYLOR ROAD BOSTWICK, FL 32007	Mailing Address POST OFFICE BOX 26 BOSTWICK, FL 32007
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-3385555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAGGS, DAWN R 116 TAYLOR ROAD BOSTWICK, FL 32007

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000417264
02/13/06-80049-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAGGS, JOE A SR 116 TAYLOR ROAD BOSTWICK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAGGS, DAWN R 116 TAYLOR ROAD BOSTWICK, FL 32007
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joe A. Baggs Sr. 1/31/06 (384) 325-1037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #