

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90109 021 ***158.75

DOCUMENT # P96000065421

1. Entity Name
VIRGINIA & COMPANY STUCCO, INC



Principal Place of Business

**3402 PICO DR
TAMPA, FL 33614**

Mailing Address

**3402 PICO DR
TAMPA, FL 33614**

2. Principal Place of Business - No P.O. Box #

3601 HUDSON LANE

Suite, Apt. #, etc.

3. Mailing Address

3601 HUDSON LANE

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33618

Country

U.S.A

Zip

33618

Country

U.S.A.

01312007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3397064

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VERGARA, VIRGINIA
3402 PICO DR
TAMPA, FL 33614**

7. Name and Address of New Registered Agent

Name

VERGARA, VIRGINIA

Street Address (P.O. Box Number is Not Acceptable)

3601 HUDSON LANE

City

TAMPA

FL

Zip Code

33618

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, 2007 Fee will be \$550.00**

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

**PTS
VERGARA, VIRGINIA
3402 PICO DR
TAMPA, FL 33614**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BOONE, RONALD
5601 15TH STREET
TAMPA, FL 33610**

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PTS
VERGARA, VIRGINIA
3601 HUDSON LANE
TAMPA, FL 33618**

☒ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

60012060



2/1/2007 813.936.7223