


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90004 033 ***150.00

DOCUMENT # P96000080506					
1. Entity Name S & A STUCCO, INC.					
Principal Place of Business 11400 CISCO GARDENS RD. SOUTH JACKSONVILLE, FL 32219			Mailing Address 11400 CISCO GARDENS ROAD SOUTH JACKSONVILLE, FL 32219 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02132006 Chg-P CR2E034 (11/05)	
Duval		Duval		4. FEI Number 59-3410752	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STARLING, ROLAND G III 11400 CISCO GARDEN RD S JACKSONVILLE, FL 32219			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE D	NAME STARLING, ROLAND G III				
STREET ADDRESS 11400 CISCO GARDEN RDS	CITY-ST-ZIP JACKSONVILLE, FL 32219				
<input type="checkbox"/> Delete					
TITLE TR/S	NAME STARLING, SHERYL L				
STREET ADDRESS 11400 CISCO GARDENS RDS	CITY-ST-ZIP JACKSONVILLE, FL 32219				
<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE 	NAME				
STREET ADDRESS	CITY-ST-ZIP				
<input type="checkbox"/> Change <input type="checkbox"/> 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: 1-24-06					
Daytime Phone #					