

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**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**



03112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3410752**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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**

**DO NOT WRITE  
IN THIS SPACE**

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 registration.

SIGNATURE

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

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

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

U00000709280  
04/24/07-80148-014 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARLING, ROLAND G III 11400 CISCO GARDEN RDS JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR/S STARLING, SHERYL L 11400 CISCO GARDENS RDS JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**\$158.75**

**REPAID**  
**APR 11 2007**  
**BY CK#8530**

**DO NOT WRITE  
IN THIS SPACE**

**APPROVED**

Acct. # 73010 Amt. 158.75  
Acct. # \_\_\_\_\_ Amt. \_\_\_\_\_

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:

*Sheryl Starling, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 (904)

Date

768-4608

Daytime Phone #