## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2006 08:00 AM Secretary of State

ANNUAL REPORT				14141 17, 2000 00:00 A1		
DOCU	MENT # P970000112		7	Secreta	ary of State	
1. Entity Name SPENGLER & SON LATHING & STUCCO INC.						
Principal Plat P.O. BOX T BOSTWICK,		Mailing Address P.O. BOX 17 BOSTWICK, FL 32007 US			119 1911 1921 2011 cont cont	ERIĞI (1616) NGIŞ YAZY JEVII İbiliney 10 4007
C	O NOT WRITE  6. Name and Address of Current Re		CE	03142006 4. FEI Numb 59-34	<b>No Chg-P</b>	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
142 CYPR	ER, RANDALL RESS DRIVE CK, FL 32007	DO NOT WRITE IN THIS SPACE				
<ol> <li>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.</li> </ol>						
SIGNATURE						
FILE NOWITH FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  7. Election Campaign Finance Trust Fund Contribution.				00 May Be ad to Fees	UUU00047 03/29/06-80	2018 0020-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZP	OFFICERS AND DIR D SPENGLER, RANDALL 142 CYPRESS DRIVE BOSTWICK, FL 32007	ECTORS				
TITLE NAME STREET ADDRESS CITY -ST-21P						
Title Name Street aboress City-St-Zip				DO	NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	er er e <del>n ve</del> ve, ve,					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	2 73 3		·			

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR

SIGNATURE: