## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000060590

FILED Feb 04, 2009 Secretary of State

Entity Name: AMERICAN PLASTERING COMPANY OF NORTHEAST FLORIDA

**Current Principal Place of Business: New Principal Place of Business:** 108 LIBERTY CENTER PL SAINT AUGUSTINE, FL 32092 **Current Mailing Address: New Mailing Address:** 108 LIBERTY CENTER PL SAINT AUGUSTINE, FL 32092 FEI Number: 59-3477658 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAXWELL, RONALD W 4811 ATLANTIC BLVD., SUITE #4 JACKSONVILLE, FL 322072129 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MOTES, JARRETT T Name: Name: 108 LIBERTY CENTER PL Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32092 City-St-Zip: Title: Title: () Change () Addition () Delete Name: MOTES, CLISTA L Name: 2605 EDGEMOOR STREET Address: Address: PALATKA, FL 32177 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JARRETT T. MOTES PRES 02/04/2009