

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069732

Entity Name: STOKES STUCCO, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1350 KENDALL DR
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

1350 KENDALL DR
WILWOOD, FL 34785

New Mailing Address:

FEI Number: 59-3463871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKES, KATHY L
13828 CR 101
OXFORD, FL 34484 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: STOKES, KATHY L
Address: 13828 CR 101
City-St-Zip: OXFORD, FL 34484

Title: D () Delete
Name: STOKES, MICHEAL L
Address: 13828 CR 101
City-St-Zip: OXFORD, FL 34484

Title: VP () Delete
Name: SMITH, ROBERT G
Address: 2709 N BUCKNELL TERRACE
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: KATHY STOKES

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date