


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # P97000069734</b><br>1. Entity Name<br>VOLUSIA PLASTERING, INC. |  |
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| Principal Place of Business<br>2200 E DALE CIRCLE<br>DELAND, FL 32720 | Mailing Address<br>2200 E DALE CIRCLE<br>DELAND, FL 32720 |
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01132005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>59-3462644                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>WHITAKER, MICHAEL ESQ<br>738 WINDFLOWER COURT<br>WELLINGTON, FL 33414 |
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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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 1100000254573<br>03/07/05-80075-025 150.00 |
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| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>BOURQUE, ROBERT<br>2200 E DALE CIRCLE<br>DELAND, FL 32720          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MERRILL, SCOTT<br>4423 CAVE LAKE ROAD<br>DE LEON SPRINGS, FL 32130 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **3-04-05 3867179385**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #