2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000006964

1. Entity Name
THURMAN PLASTERING, INC.

Principal Place of Business	Mailing Address
12546 MCINTOSH THONOTOSASSA, FL 33592	12546 MCINTOSH THONOTOSASSA, FL 33592

DO NOT WRITE IN THIS SPACE

02212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3494611	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THURMAN, CHARLES
12546 MCINTOSH
THONONTOSASSA, FL 33592

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 registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000C0066793
02/26/04-80030-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THURMAN, CHARLES
STREET ADDRESS	12546 MCINTOSH
CITY-ST-ZIP	THONOTOSASSA, FL 33592

TITLE	D
NAME	THURMAN, CAROLYN R
STREET ADDRESS	12546 MCINTOSH
CITY-ST-ZIP	THONOTOSASSA, FL 33592

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   2-23-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #