2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006
Secretary of State

DOCUMENT# P98000007343

Entity Name: SOUTHEASTERN STUCCO, INC.

Current Principal Place of Business:

2419 CEDAR TRACE DR E
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

2419 CEDAR TRACE DR E
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 59-3488918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIPOS, MIROSLAV
2419 CEDAR TRACE DR E
JACKSONVILLE, FL 32246 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SIPOS, MIROSLAV
Address: 2419 CEDAR TRACE DR E
City-St-Zip: JACKSONVILLE, FL 32246

Title: VO ( ) Delete
Name: CHOBOT, JAN
Address: 2419 CEDAR TRACE DR E
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: NADOLNY, JAROSLAV
Address: 2419 CEDAR TRACE DR E
City-St-Zip: JACKSONVILLE, FL 32246

Title: MR ( ) Change (X) Addition
Name: SPAHIV, ADRIATIK
Address: 2419 CEDAR TRACE DR E
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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: MIROSLAV SIPOS PRES 05/09/2006

Electronic Signature of Signing Officer or Director Date