

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015487

Entity Name: M & S STUCCO, INC.

FILED
Mar 21, 2005
Secretary of State

Current Principal Place of Business:

12411 EAGLE CLAW LANE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

12411 EAGLE CLAW LANE
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3493142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALCAK, MIROSLAV
12411 EAGLE CLAW LANE
JACKSONVILLE, FL 32225 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: PSTD () Delete
Name: VALCAK, MOROSLAV
Address: 12411 EAGLE CLAW LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD () Delete
Name: FIEDOR, MARTIN
Address: 1700 S. SAN PABLO RD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD () Delete
Name: HAJOU, VOLTON
Address: 12411 EAGLE CLAW LANE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: VALCAK, MIROSLAV
Address: 12411 EAGLE CLAW LANE
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: VD (X) Change () Addition
Name: HAJDU, ZOLTAN
Address: 12411 EAGLE CLAW LANE
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 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 VALCAK

PSTD

03/21/2005

Electronic Signature of Signing Officer or Director

Date