

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000028298

1. Entity Name
BILL GARDNER STUCCO, INC.



Principal Place of Business
**6594 BUCKBOARD ST.
NORTH PORT, FL 34286**

Mailing Address
**P.O. BOX 381088
MURDOCK, FL 33938**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number **65-0828485** Applied for
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARDNER, WILLIAM
6594 BUCKBOARD ST.
NORTH PORT, FL 34286**

**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 _____ DATE _____
Agencies located in the State of Florida must file this statement with the Secretary of State. Registered agents must file this statement with the Secretary of State.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **VTS**
NAME **GARDNER, LORIA**
STREET ADDRESS **6594 BUCKBOARD ST**
CITY ST ZIP **NORTH PORT, FL 34286**

TITLE **PO**
NAME **GARDNER, WILLIAM**
STREET ADDRESS **6594 BUCKBOARD ST.**
CITY ST ZIP **NORTH PORT, FL 34286**

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**U00000521731
05/03/06-80001-014 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE: *Lori Gardner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 941 429 8113
Date: _____ Copy to: _____