


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000056930  
 1. Entity Name  
 KEN CREEL STUCCO & STONE, INC.



Principal Place of Business      Mailing Address  
 10314 ELBERTON AVE      10314 ELBERTON AVE  
 THONOTASSA, FL 33592      THONOTASSA, FL 33592

**DO NOT WRITE IN THIS SPACE**



04202005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3520966      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CREEL, RUTH B  
 10314 ELBERTON AVE  
 THONTOSASSA, FL 33592

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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: *Ruth B. Creel*      DATE: 4-25-05

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CREEL, KENNETH L
STREET ADDRESS	10314 ELBERTON AVE
CITY-ST-ZIP	THONOTOSASSA, FL
TITLE	STD
NAME	CREEL, RUTH B
STREET ADDRESS	10314 ELBERTON AVE
CITY-ST-ZIP	THONOTOSASSA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/27/05-80166-018 158.75

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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)(f), 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: *Ruth B. Creel* - Ruth B. Creel      4-25-05      813/982-0750

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