

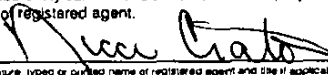
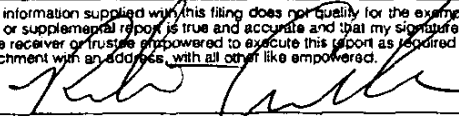
FILED
Feb 09, 2007 8:00 am
Secretary of State

1/8

01-08-2007 90244 006 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

66001001

DOCUMENT # P98000067447			
1. Entity Name RC STUCCO & PLASTERING, INC.			
Principal Place of Business 4284 FIJI PL SARASOTA, FL 34241		Mailing Address % THE WRIGHT WAY 703 60TH STREET CT E. #G BRADENTON, FL 34208	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address %The Wright Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
34208		Manatee	
4. FEI Number 65-0850838		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRATON, NICCI 703 60TH STREET CT. E SUITE G BRADENTON, FL 34208		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1020 65th Ct. E. City Bradenton FL Zip Code 34208	
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  (NOTE: Registered Agent signature required when retitling) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PDB CREADON, ROBERT W 4284 FIJI PLACE SARASOTA, FL 34241			
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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☐ Delete		☐ Change ☐ Addition	
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 all other like empowered.			
SIGNATURE: 		2/6/07 941 3784055	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	