

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000093051

1. Entity Name
CMA PLASTERING INC.



FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90001 049 ***150.00

Principal Place of Business
10119 SUNSHINE DRIVE
BONITA SPRINGS, FL 34135

Mailing Address
28210 OED 41 ROAD
SUITE 307
BONITA SPRINGS, FL 34135



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0871944	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ASHKER, CHRISTOPHER
28210 OED 41 ROAD
BONITA SPRINGS, FL 34135

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ASHKER, CHRISTOPHER
STREET ADDRESS	10119 SUNSHINE DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	VP
NAME	NAUARA JAMES, TIRÓ
STREET ADDRESS	10119 SUNSHINE DR.
CITY-ST-ZIP	BONITA SPRING, FL 34135
TITLE	S
NAME	ASHKER, REBECCA
STREET ADDRESS	10119 SUNSHINE DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-04

239-992-1745