

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**PENDING**

03-02-2004 90007 039 \*\*\*158.75

P99000022368

FILED

04 APR 30 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022368

1. Entity Name

EXTERIOR STUCCO DESIGN, INC.



Principal Place of Business

3705 SAVANNAHS TRAIL  
MERRITT ISLAND FL 32953

Mailing Address

3705 SAVANNAHS TRAIL  
MERRITT ISLAND FL 32953

2. Principal Place of Business

441 Coastal Breeze Way  
Suite, Apt. #, etc.

3. Mailing Address

441 Coastal Breeze Way  
Suite, Apt. #, etc.

City & State

Merritt Island Fla.

City & State

Merritt Island Fla.

Zip  
32953

Country  
US

Zip  
32953

Country  
US

4. FEI Number

59-3560522

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DISMORE-CLARK, DENISE  
3705 SAVANNAHS TRAIL  
MERRITT ISLAND FL 32953

Name  
CLARK, JAMES T.

Street Address (P.O. Box Number is Not Acceptable)

441 Coastal Breeze Way

Merritt Island

FL

Zip Code  
32953

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

*James Clark*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/2004

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JAMES T 3705 SAVANNAHS TRAIL MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JAMES T. 441 Coastal Breeze Way Merritt Island Fla. 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300035786783 05/07/04--01095--022 **891.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*James Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2004 (321) 3029458

Date

Daytime Phone #