

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90074 021 ***150.00

DOCUMENT # P99000033748 1. Entity Name B & K STUCCO INC.					
Principal Place of Business 12332 1232 FLYNN WOODS RD. JACKSONVILLE, FL 32223			Mailing Address 12332 1232 FLYNN WOODS RD. JACKSONVILLE, FL 32223		
2. Principal Place of Business 12332 Flynn Woods Rd Suite, Apt. #, etc.		3. Mailing Address 12332 Flynn Woods Rd Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 65-0912481	
Zip 32223		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOLASSA, RITA 3721 FOXCROFT RD JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12332 Flynn Woods Rd City Jacksonville FL Zip Code 32223	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME KOLASSA, RITA		<input type="checkbox"/> Delete		
STREET ADDRESS 3721 FOXCROFT RD	CITY-ST-ZIP JACKSONVILLE, FL 32257		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE KOLASSA, RITA	STREET ADDRESS 3721 FOXCROFT RD		CITY-ST-ZIP JACKSONVILLE, FL 32257		
TITLE KOLASSA, RITA	STREET ADDRESS 3721 FOXCROFT RD		CITY-ST-ZIP JACKSONVILLE, FL 32257		
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TITLE KOLASSA, RITA	STREET ADDRESS 3721 FOXCROFT RD		CITY-ST-ZIP JACKSONVILLE, FL 32257		
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: RITA KOLASSA			Date 1-26-05 Daytime Phone # 904.268.0644		