

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 26, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000051488**

1. Entity Name  
**A.B.C. STUCCO, INC.**



Principal Place of Business  
**12916 ITHACA AVENUE  
HUDSON, FL 34667**

Mailing Address  
**12916 ITHACA AVENUE  
HUDSON, FL 34667**



01232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3577730** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COMBAST, LEWIS  
12916 ITHACA AVENUE  
HUDSON, FL 34667**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000870451  
04/09/08-80090-019 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	COMBAST, LEWIS
STREET ADDRESS	12916 ITHACA AVENUE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	VP
NAME	HURLEY, THOMAS
STREET ADDRESS	12922 ITHACA AVENUE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	ST
NAME	COMBAST, PAMELA
STREET ADDRESS	12916 ITHACA AVENUE
CITY-ST-ZIP	HUDSON, FL 34667
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 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:**

*Pamela D. Combast* *Pamela D. Combast*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/08**

Date

Daytime Phone #