

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -6 PM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000094822</b> 1. Entity Name JOHNNY GRAVES STUCCO, INC.		
Principal Place of Business 403 PAMETO RD. NOKOMIS, FL 34275		Mailing Address 403 PAMETO RD. NOKOMIS, FL 34275
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>405 PAMETO RD</b>  Suite, Apt. #, etc.	
City & State NOKOMIS, FL		4. FEI Number 65-0955794
Zip 34275	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  GRAVES, DEBRA 403 PAMETO RD. NOKOMIS, FL 34275		7. Name and Address of New Registered Agent Name <b>GRAVES DEBRA</b> Street Address (P.O. Box Number is Not Acceptable) <b>403 PAMETO RD</b>  City <b>NOKOMIS</b> <b>FL</b> Zip Code <b>34275</b>
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 <u><i>Debra Graves</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>11/2/2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GRAVES, JOHNNY 403 PAMETO RD. NOKOMIS, FL 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200081554402</b> <b>11/06/06--01045--012 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Johnny Graves</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>11/2/2006</u> <u>941-488-7608</u> <small>Daytime Phone #</small>

11/2/06