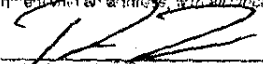


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # S42965			
1. Entity Name SUN COAST PLASTERING AND STUCCO OF CHARLOTTE COUNTY, INC.			
Principal Place of Business 417 COOPER ST PUNTA GORDA, FL 33950 US		Mailing Address PO BOX DRAWER 511447 PUNTA GORDA, FL 33951 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite Apt. # etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FE Number 65-0253161		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKETT, JACK O II 99 NESBIT STREET PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) City FL Zip Code	
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 the (if applicable) (Name of Registered Agent typed or printed when withdrawing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
10.1 NAME STREET ADDRESS CITY-STATE-ZIP	PO LOWE JAMES R 5335 SW SENATE STREET ARCADIA, FL 34286 ☐ Delete	11.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
10.2 NAME STREET ADDRESS CITY-STATE-ZIP	VT LOWE DIANE 5335 SW SENATE STREET ARCADIA, FL 34286 ☐ Delete	11.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	000000360286 Change ☐ Addition 05/05/05-80026-024 150.00
10.3 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	11.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
10.4 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	11.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
10.5 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	11.5 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
10.6 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	11.6 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(2)(f), 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 807, 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, as empowered.			
SIGNATURE: 		Roger Lowe 4/29/05 (941) 625-3150	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	