

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42965

FILED
Apr 20, 2007
Secretary of State

Entity Name: SUN COAST PLASTERING AND STUCCO OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

417 COOPER ST
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

4261 JAMES STREET
PORT CHARLOTTE, FL 33980 US

Current Mailing Address:

PO BOX DRAWER 511447
PUNTA GORDA, FL 33951 US

New Mailing Address:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

FEI Number: 65-0253161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKETT, JACK O II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

HACKETT, JACK O II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

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.

SIGNATURE: JACK O. HACKETT II

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOWE JAMES R,
Address: 5335 SW SENATE STREET
City-St-Zip: ARCADIA, FL 34266

Title: VT () Delete
Name: LOWE DIANE,
Address: 5335 SW SENATE STREET
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOWE, JAMES R
Address: 5335 SW SENATE STREET
City-St-Zip: ARCADIA, FL 34266

Title: VT (X) Change () Addition
Name: LOWE, DIANE
Address: 5335 SW SENATE STREET
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. LOWE

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date