

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # V01885

1. Entity Name
THOMAS P. SPAULDING, LATHING AND PLASTERING CORPORATION



Principal Place of Business
**18805 N.W. 32 PLACE
CAROL CITY, FL 33056 US**

Mailing Address
**18805 N.W. 32 PLACE
CAROL CITY, FL 33056 US**



03122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0303391** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPAULDING, THOMAS P
18805 NW 32ND PLACE
MIAMI, FL 33056**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SPAULDING, THOMAS P.**
STREET ADDRESS **18805 NW 32ND PLACE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **VP**
NAME **SPAULDING, DEBORAH L**
STREET ADDRESS **18805 NW 37 PLACE**
CITY-ST-ZIP **MIAMI, FL 33056**

TITLE
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**U00000510836
04/29/06-80018-025 150.00**

**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: Thomas P. Spaulding **Thomas P Spaulding** 4-12-06 (305)624-0675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #