

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90034 034 ***150.00

DOCUMENT # V16157

1. Entity Name

RAIRIGH STUCCO, INC.



Principal Place of Business

15431 N. FLORIDA AVE.
TAMPA FL 33613-1243
US

Mailing Address

15431 N. FLORIDA AVE.
TAMPA FL 33613-1243
US

2. Principal Place of Business

13625 N. FLORIDA AVE.

Suite, Apt. #, etc.

3. Mailing Address

13625 N. FLORIDA AVE.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

TAMPA FLORIDA

City & State

Tampa Florida

4. FEI Number

59-3117093

Applied For

Not Applicable

Zip

33613

Country

Hillsborough

Zip

33613

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAIRIGH, RAYMOND L.
15431 N. FLORIDA AVE.
TAMPA FL 33613-1243

7. Name and Address of New Registered Agent

Name
RAYMOND REGIS RAIRIGH
Street Address (P.O. Box Number is Not Acceptable)
13625 N. FLORIDA AVE.

City TAMPA

FL

Zip Code
33613

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

Raymond Regis Rairigh

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

1/30/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	RAIRIGH, RAYMOND L.	
STREET ADDRESS	15431 N. FLORIDA AVE.	
CITY-ST-ZIP	TAMPA FL 33613-1243	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAIRIGH, RAYMOND R	
STREET ADDRESS	15431 N. FLORIDA AVE.	
CITY-ST-ZIP	TAMPA FL 33613-1243	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	RAIRIGH, RAYMOND L JR	
STREET ADDRESS	15431 N. FLORIDA AVE.	
CITY-ST-ZIP	TAMPA FL 33613-1243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIRIGH, RAYMOND REGIS	
STREET ADDRESS	13625 N. FLORIDA AVE.	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

R.R. Rairigh
R.R. RAIRIGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04

DATE

813-971-7733

Daytime Phone #