


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000011685 1. Entity Name PACE BROTHERS STUCCO, INC.	
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Principal Place of Business 3650 MIAMI AVENUE MELBOURNE, FL 32904	Mailing Address 3650 MIAMI AVENUE MELBOURNE, FL 32904
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3697653	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

PACE, DAVID  
 3650 MIAMI AVENUE  
 MELBOURNE, FL 32904

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000843443  
 03/11/08-80069-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PACE, DAVID 3650 MIAMI AVENUE MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PACE, APRIL 3650 MIAMI AVENUE MELBOURNE, FL 32904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: David M Pace Date: 2/27/08 Daytime Phone #: 321-984-7859  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR