

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90005 006 \*\*\*150.00

**DOCUMENT # P03000078455**  
 1. Entity Name  
**RMS DRYWALL OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**208 U.S. HIGHWAY 1 SUITE 11 TEQUESTA, FL 33469**

Mailing Address  
**208 U.S. HIGHWAY 1 SUITE 11 TEQUESTA, FL 33469**

2. Principal Place of Business  
**Same**

3. Mailing Address  
**P.O. Box 1531**

Suite, Apt. #, etc.  
**JUPITER FL**

City & State  
**Jupiter FL**

City & State  
**Jupiter FL**

Zip  
**33468**

Country  
**PALM BEACH**



07232004 Chg-P CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**

**SIMON, RON M**  
**208 U.S. HIGHWAY 1 SUITE 11 TEQUESTA, FL 33469**

4. FEI Number  
**16-1677017**

Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is 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 \_\_\_\_\_ 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**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMON, RON M</b>	
STREET ADDRESS	<b>208 U.S. HIGHWAY 1, SUITE 11</b>	
CITY-ST-ZIP	<b>TEQUESTA, FL 33469</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCMENAMIN, PATRICK</b>	
STREET ADDRESS	<b>208 U.S. HIGHWAY 1, SUITE 11</b>	
CITY-ST-ZIP	<b>TEQUESTA, FL 33469</b>	
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	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Anthony Routher</b>	
STREET ADDRESS	<b>722 N. A ST</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>PATRICIA CROUSE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>secretary</b>	
STREET ADDRESS	<b>6169 Garrett St.</b>	
CITY-ST-ZIP	<b>Jupiter, FL 33458</b>	
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:** \_\_\_\_\_ **7/31/04** **561 762-2798**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #