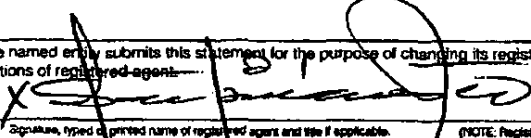
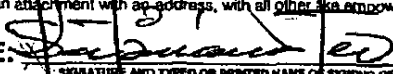


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-05-2004 90058 043 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000098920			
1. Entity Name TEO'S DRYWALL, INC.			
Principal Place of Business 990 N. JERICO DR. CASSELBERRY, FL 32707		Mailing Address 990 N. JERICO DR. CASSELBERRY, FL 32707	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0211781		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTUPINAN, TEODOLFO 990 N. JERICO DR. CASSELBERRY, FL 32707		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: 4/2/04 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ESTUPINAN, TEODOLFO 990 N. JERICO DR. CASSELBERRY, FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD ARBAIZA, ZOILA P 990 N. JERICO DR. CASSELBERRY, FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: 		4/2/04 407-402-9231 Date Daytime Phone #	

Attachment

66412943

#P0300098920



TEO'S DRYWALL INC 09/2003
990 N JERICO DR
CASSELBERRY, FL 32707-5917
(407) 402-9231

1207

63-215/631

PAY
TO THE
ORDER OF

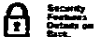
DATE 4/1/04.

FLORIDA DEPARTMENT OF STATE.

\$150.00

ONE HUNDRED FIFTY DOLLAR NO CENTS.

DOLLARS



SUNTRUST
SunTrust Bank

FOR

[Handwritten signature]

⑈001207⑈ ⑆063102152⑆ 1000015012858⑈