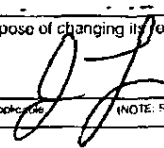
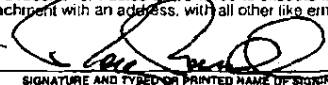


2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/21/2004-90001-014-\$150.00-\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 19 AM 8:00

DOCUMENT # P03000118917			
1. Entity Name COMMERICAL DRYWALL, INC.			
Principal Place of Business 826 8TH STREET HOLLY HILL, FL 32117		Mailing Address 826 8TH STREET HOLLY HILL, FL 32117	
2. Principal Place of Business 1123 San Jose Blvd Suite, Apt. #, etc.		3. Mailing Address 1123 San Jose Blvd Suite, Apt. #, etc.	
City & State Holly Hill FL		City & State Holly Hill FL	
Zip 32117		Country Vaulsia	
4. FEI Number 20-0323777		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOGUIDICE, JOE 1515 RIDGEWOOD AVENUE A HOLLY HILL, FL 32117		7. Name and Address of New Registered Agent Name: Joe Loguidice Street Address (P.O. Box Number is Not Acceptable): 1515 Ridge wood Ave Ste. A City: Holly Hill FL 32117	
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 9/1/04	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARNELL, DOUG 826 8TH STREET HOLLY HILL, FL 32117 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 1123 San Jose Blvd Holly Hill FL 32117 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Parnell VICE PRESIDENT 1123 San Jose Blvd Holly Hill FL 32117 ☐ 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: 		Date: 9.1.04 Daytime Phone #: 386 299 2567	