

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90235 030 ***150.00

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04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0405416	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # P03000134957

1. Entity Name
CRANFORD DRYWALL, INC.



Principal Place of Business 1101 SARATOGA BOULEVARD JACKSONVILLE, FL 32208 US	Mailing Address 1101 SARATOGA BOULEVARD JACKSONVILLE, FL 32208 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HILL, DEBRA S
 8810 GOODBY'S EXECUTIVE DRIVE
 SUITE C
 JACKSONVILLE, FL 32217

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRANFORD, JULIA A 1101 SARATOGA BOULEVARD JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRANFORD, ROCKY D 1101 SARATOGA BOULEVARD JACKSONVILLE, FL 32208
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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 Julia Cranford, Julia Cranford, Pres. 4-20-05 (904) 924-2449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #