


2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-16-2004 90008 018 ***150.00
P03000150349

DOCUMENT # P03000150349

1. Entity Name
GONZALEZ DRYWALL & FRAMING INC.



Principal Place of Business
**2323 W. PALMETTO ST
TAMPA, FL 33607 US**

Mailing Address
**2323 W. PALMETTO ST
TAMPA, FL 33607 US**

2. Principal Place of Business
SAME AS ABOVE


3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip Country

FILED
04 AUG 30 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
54062733



07072004 Chg-P CR2E034 (10/03)

4. FEI Number **200476387** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, MARCELINO
2323 W. PALMETTO ST
TAMPA, FL 33607**

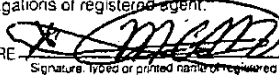
7. Name and Address of New Registered Agent

Name **N/A**

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 **7/13/04**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**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	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARCELINO	
STREET ADDRESS	2323 W. PALMETTO ST	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSAS, DOLORES	
STREET ADDRESS	2323 W. PALMETTO ST	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARCELINO	
STREET ADDRESS	2323 W. PALMETTO ST	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, GUSTAVO	
STREET ADDRESS	2323 W. PALMETTO ST	
CITY-ST-ZIP	TAMPA, FL 33607	
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		<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		
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:  DATE **7/13/04** 813-967-7062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR