

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000002106	
1. Entity Name COMPLETE DRYWALL SERVICE INC.	

Principal Place of Business 16243 E. SECRETARIAT DRIVE LOXAHATCHEE FL 33470	Mailing Address 16243 E. SECRETARIAT DRIVE LOXAHATCHEE FL 33470
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3287945	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired 	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
BOROWSKI, RONALD W 16243 E. SECRETARIAT DRIVE LOXAHATCHEE FL 33470	
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.

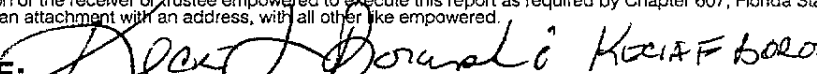
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004. Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME RONALD W. BOROWSKI ☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS 16243 E. SECRETARIAT DRIVE	CITY-ST-ZIP LOXAHATCHEE FL	NAME	
TITLE VD	NAME DONALD R. BOROWSKI ☐ Delete	STREET ADDRESS	
STREET ADDRESS 3025 JACKSON AVE	CITY-ST-ZIP LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE TSD	NAME KECIA F. BOROWSKI ☐ Delete	STREET ADDRESS	
STREET ADDRESS 16243 E. SECRETARIAT DRIVE	CITY-ST-ZIP LOXAHATCHEE FL	CITY-ST-ZIP	
TITLE	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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:  **KECIA F BOROWSKI**, 1/27/04 561 763 6130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #