2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

03-29-2005 90027 026 ***150.00
06-06-2005 90003 018 ***400.00

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DOCUMENT # P04000008725

1. Entity Name
DUANE ~~BORGAN~~ DRYWALL INC.
Borsen

Principal Place of Business	Mailing Address
910 CANOPY LAKE FORT WALTON BEACH, FL 32547	910 CANOPY LAKE FORT WALTON BEACH, FL 32547

03042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
19 Overstreet Dr	19 Overstreet Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mary esther Fl	City & State: Mary esther Fl
Zip: 32569 Country:	Zip: 32569 Country:

4. FEI Number: 20-0592231 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~BORGAN, DUANE~~
910 CANOPY LAKE
FORT WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORGAN, DUANE 910 CANOPY LAKE FORT WALTON BEACH, FL 32548	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Borsen Duane 19 Overstreet Dr Mary esther Fl 32569	☑ Change ☐ Addition
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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: Duane Borsen DUANE BORSEN MAR. 25, 2005 (CELL) 974-6152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #