


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 689348</b>	
1. Entity Name <b>KOCH DRYWALL, INC.</b>	

Principal Place of Business <b>2524 SAWGRASS WAY NAVARRE, FL 32566 US</b>	Mailing Address <b>2524 SAWGRASS WAY NAVARRE, FL 32566 US</b>
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**DO NOT WRITE IN THIS SPACE**



03212004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2045101</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KOCH JR, WILLIAM E 2524 SAWGRASS WAY NAVARRE, FL 32566</b>
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**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 restate) DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	D KOCH, DONNA M 2524 SAWGRASS WAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOCH JR, WILLIAM E 2524 SAWGRASS WAY NAVARRE, FL 32566
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**DO NOT WRITE  
IN THIS SPACE**

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04/05/04-80083-001 150.00

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:** William E. Koch Jr. **4/1/04** **850-939-3373**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #