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Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90038 009 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G18411

1. Entity Name
MAC DRYWALL, INC.

40017342

Principal Place of Business	Mailing Address
22212 ST. RD. 40 P.O. BOX 899 ASTOR, FL 32102	P.O. BOX 350310 GRAND ISLAND, FL 32735

02072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4496 Burmuda Dr.	4496 Burmuda Dr.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Hernando Beach. FL.	City & State: Hernando Beach. FL.
Zip: 34607 Country: USA	Zip: 34607 Country: USA.

4. FEI Number 59-2251531 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCMINN, KURON
22212 ST RD 40
ASTOR, FL 32102

7. Name and Address of New Registered Agent

Name: McMinn, Kuron
Street Address (P.O. Box Number is Not Acceptable): 4496 Burmuda Dr.
City: Hernando Beach. FL Zip Code: 34607

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, 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	
TITLE: S NAME: MCMINN, KURON STREET ADDRESS: PO BOX 899 N/A CITY-ST-ZIP: ASTOR, FL	☐ Delete	TITLE: President/Secretary. NAME: Kuron McMinn - Mac Drywall Inc. STREET ADDRESS: 4496 Burmuda Dr. CITY-ST-ZIP: Hernando Beach, FL 34607	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Kuron McMinn. 2-10-05 352-596-9507