


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # G32235
1. Entity Name
SUNSET DRYWALL, INC.



Principal Place of Business: **10908 TAMI TRAIL
HUDSON, FL 34669**
Mailing Address: **10908 TAMI TRAIL
HUDSON, FL 34669**

DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-2308726**
Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
**GUETTA, JOSEPH
10908 TAMI TRAIL
HUDSON, FL**

**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 reinstating) 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	DP GUETTA, JOSEPH 10908 TAMI TRAIL HUDSON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GUETTA, SUZANNE 10908 TAMI TRAIL HUDSON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GUETTA, BRIAN 10908 TAMI TRAIL HUDSON, FL
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IN THIS SPACE**

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: X Suzanne Guetta **03-02-04** (727)856-1179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #