

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G65206**

1. Entity Name  
DIXIE DRYWALL OF HERNANDO, INC.



Principal Place of Business

% MARK W. PRUNTY  
6085 COLONY CIRCLE  
SPRING HILL, FL 34607

Mailing Address

% MARK W. PRUNTY  
6085 COLONY CIRCLE  
SPRING HILL, FL 34607



03152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2328857

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PRUNTY, MARK W.  
6085 COLONY CIRCLE  
SPRING HILL, FL 34607

**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 \_\_\_\_\_

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**

11000002300142  
04/25/05-80143-018 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PRUNTY, MARK W  
STREET ADDRESS 6085 COLONY CIR  
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE V  
NAME PRUNTY, PAMELA M.  
STREET ADDRESS 6085 COLONY CIR.  
CITY-ST-ZIP SPRING HILL, FL

TITLE T  
NAME DOLENC, JOHN E.  
STREET ADDRESS 9310 MARLER RD.  
CITY-ST-ZIP SPRING HILL, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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: *Pamela M. Prunty* PAMELA M. Prunty 04-22-05 352 596 0277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #