


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90182 017 \*\*\*150.00

<b>DOCUMENT # J75222</b>			
<b>1. Entity Name</b> BOATRIGHT DRYWALL, INC.			
<b>Principal Place of Business</b> 12051 SE 57TH AVE. BELLEVIEW, FL 34420 US		<b>Mailing Address</b> 12051 SE 57TH AVE. BELLEVIEW, FL 34420 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 4245 SE 110th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Belleview, FL		City & State Belleview, FL 34420	
Zip 34420	Country Marion	Zip 34420	Country Marion
<b>4. FEI Number</b> 59-2836697		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
BOATRIGHT, PEGGY J. 12051 SE 57TH AVE. BELLEVIEW, FL 34420		Name Street Address (P.O. Box Number is Not Acceptable) 4245 SE 110th Street City Belleview FL Zip Code 34420	
<b>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.</b>			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP BOATRIGHT, RON 12051 SE 57 AVE BELLEVIEW, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4245 SE 110th Street Belleview, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOATRIGHT, PEGGY 12051 SE 57 AVE BELLEVIEW, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4245 SE 110th Street Belleview, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> See/Oreas	
		<b>Date</b> 3/5/04 <b>Daytime Phone #</b> (352) 671-6100	

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