

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # K79208

1. Entity Name
CUSTOM DRYWALL, INC.



Principal Place of Business
**C/O RONALD HALFACRE
4912 FAUNA DR.
MELBOURNE, FL 32934**

Mailing Address
**C/O RONALD HALFACRE
4912 FAUNA DR.
MELBOURNE, FL 32934**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2941596

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HALFACRE, RONNIE E
4912 FAUNA DR.
MELBOURNE, FL 32934**

**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 renewing)

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**

000000106827
04/08/04-80032-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALFACRE, RONNIE E.
STREET ADDRESS	4912 FAUNA DR.
CITY-STATE-ZIP	MELBOURNE, FL
TITLE	S
NAME	HALFACRE, PATRICIA A
STREET ADDRESS	4912 FAUNA DR
CITY-STATE-ZIP	MELBOURNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia Halfacre

1-27-04

321-255-0110