

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008626

FILED
May 05, 2005
Secretary of State

Entity Name: CP DRYWALL, LLC

Current Principal Place of Business:

POST OFFICE BOX 311
VERNON, FL 32462

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 311
VERNON, FL 32462

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PRESLEY, CHARLES H
125 OLD AIRPORT ROAD
DEFUNIAK SPRINGS, FL 32433 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PRESLEY, CHARLES H
Address: 125 OLD AIRPORT ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGR () Delete
Name: PRESLEY, CLIFFORD T
Address: 125 OLD AIRPORT ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLIFFORD T PRESLEY

MGR

05/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date