

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034293

Entity Name: 1ST DRYWALL, LLC

FILED
Apr 01, 2005
Secretary of State

Current Principal Place of Business:

1502 W. WEST MAPLE ROAD
WALLED LAKE, MI 48390 US

New Principal Place of Business:

961 ARMSTRONG BLVD. SUITE B
KISSIMMEE, FL 34741 US

Current Mailing Address:

1502 W. WEST MAPLE ROAD
WALLED LAKE, MI 48390 US

New Mailing Address:

571A GORDON INDUSTRIAL COURT
BYRON CENTER, MI 49315 US

FEI Number: 14-1907323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROFTS, MICHAEL L
453 TWISTING PINE CIRCLE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: GAY, DANIEL L
Address: 1502 W. WEST MAPLE ROAD
City-St-Zip: WALLED LAKE, MI 48390 US

Title: MGRM (X) Delete
Name: SCHARICH, RICK
Address: 571 GORDON INDUSTRIAL DRIVE
City-St-Zip: BYRON CENTER, MI 49305 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CENTRAL CEILING & PA, RTITION, INC.
Address: 3900A CENTENNIAL DRIVE
City-St-Zip: MIDLAND, MI 48642 US

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

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: RICK SCHARICH

PRES

04/01/2005

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