

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90005 025 ***550.00

DOCUMENT # M70388

1. Entity Name

DRYWALL CONSTRUCTORS, INC.



Principal Place of Business

508 COLONIA LAND
NOKOMIS FL 34275
US

Mailing Address

P. O. BOX 489
OSPREY FL 34229
US

07000110



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0169935

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARP, MICHAEL R
1970 MAIN ST.
SUITE 400
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Delete
NAME JARRET, JOHN
STREET ADDRESS 121 SHORELAND DRIVE
CITY-ST-ZIP OSPREY FL 34229

TITLE P ☒ Change ☐ Addition
NAME JARRET JOHN
STREET ADDRESS 721 BAYSHORE RD
CITY-ST-ZIP NOKOMIS FL 34275

TITLE T ☒ Delete
NAME JOHN, JARRET
STREET ADDRESS 121 SHORELAND DRIVE
CITY-ST-ZIP OSPREY FL 34229

TITLE UP ☒ Change ☒ Addition
NAME KENNETH D. LEE
STREET ADDRESS 751 N JEFFERSON AVE
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME DARRYL J. DYBOVOY
STREET ADDRESS 4532 SWIFT RD #209
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME BRUCE W. JOHNSTON
STREET ADDRESS 6369 ROBERTA DR
CITY-ST-ZIP ENGLEWOOD FL 34234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *John R. Jarret President* JOHN. R. JARRET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-17-04 941
232-8165