


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90016 042 ***150.00

DOCUMENT # M76261 1. Entity Name DAVID SMITH'S DRYWALL, INC.					
Principal Place of Business 10125 TERRELL PAPPY RD JACKSONVILLE, FL 32259 US			Mailing Address 10125 TERRELL PAPPY RD JACKSONVILLE, FL 32259 US		
2. Principal Place of Business 6116 Joy Drive West		3. Mailing Address 6116 Joy Drive West			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville, Florida		City & State Jacksonville, Florida		4. FEI Number 59-2881149	
Zip 32244		Country Duval		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, DAVID 6116 JOY-DRIVE WEST JACKSONVILLE, FL 32244			7. Name and Address of New Registered Agent Name NONE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DAVID 6116 JOY DR. WEST JACKSONVILLE, FL		<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"/> Change <input type="checkbox"/> Addition		
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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"/> Change <input type="checkbox"/> Addition		
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: <i>David Smith</i> David Smith <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/15/04 904 262-7049 <small>Date Daytime Phone #</small>		

Attachment 84076159
M76261 5/15/04

To Whom it may concern
Department of State,

Re: Annual Report.

Please waive the \$400.00 late fee
for I did not receive any card
in the mail. Please send any
and all mail to: David Smith
6116 Joy Drive West Jacksonville,
Florida 32244.

Respectfully Yours,
David Smith's Drywall Inc.
David Smith