

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038239

FILED  
May 20, 2004  
Secretary of State

**Entity Name:** GASTFIELD DRYWALL TEXTURES INC.

**Current Principal Place of Business:**

1810 COBBLE LANE  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

1810 COBBLE LANE  
MT. DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 59-3639656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASTFIELD, MICHAEL  
1810 COBBLE LANE  
MT. DORA, FL 32757

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GASTFIELD, MICHAEL  
Address: 1810 COBBLE LANE  
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D/O ( ) Change (X) Addition  
Name: OSHAUGHNESSY, JOHN R JR  
Address: 671 W ROSEWOOD LANE  
City-St-Zip: TAVARES, FL 32778

Title: D/O ( ) Change (X) Addition  
Name: BOWLING, NATHANIEL J  
Address: 34626 ESTES ROAD  
City-St-Zip: EUSTIS, FL 32736

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL GASTFIELD

P/D

05/20/2004

Electronic Signature of Signing Officer or Director

Date